

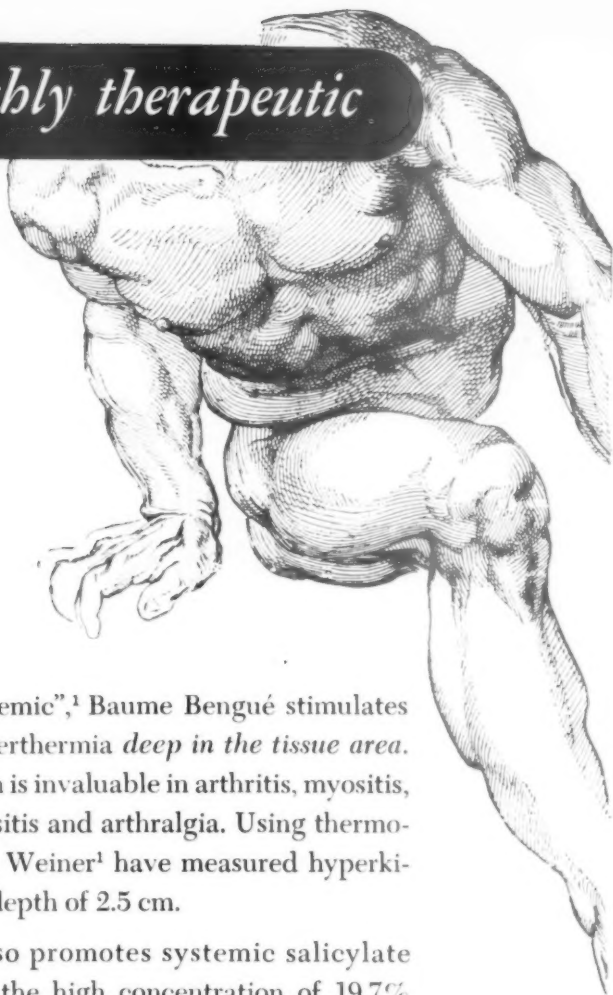


R.N.

April

1950

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I. Lange, K., and Weiner, D.: J.
Invest. Dermat. 12:263 (May) 1949.

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Features

- 26 R.N. Speaks: Pre-Biennial Remarks:
On Leadership, Liability and Lethargy
Alice R. Clarke, R.N.
- 28 It's Time for Action
Louise Knapp, R.N.
- 32 Travelogue Tidbits
- 34 Charting A Course for Practical Nursing
Dorothy Deming, R.N.
- 37 There's A Bluebird on Your Windowsill
- 38 Candid Comments—Professional Growing Pains
Janet M. Geister, R.N.
- 41 Feed Your Anemia
Frances Lewis, R.N.
- 42 Hormones and the Facts of Life
- 45 Probie
- 48 Scarf Magic
- 56 Platform for the American Nurses Association

Departments

- 7 Debits and Credits
- 23 Science Shorts
- 46 Drug Digest
- 50 Reviewing the News
- 77 Positions Available

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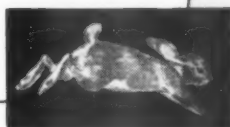
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1. Behrman, H. T., Combes, F. C., Bobroff, A., and Leviticus, R.: Industrial Med. & Surg. 18:512, 1949.

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Debits & Credits

Practical Experience

Dear Editor:

After much reading of so many varied ideas about "practical nurses," I believe that most nurses will be interested in my actual experiences on the matter.

In the first place I used to be one. Having no previous experience with nursing and finding myself in a position whereby it was necessary for me to make a living for myself and my then infant son, I decided that I could do the most good for the largest number of people by caring for the sick. So, going to the nearest and biggest hospital in our city, I applied for a job as a "nurse." I was given one. However, it did not take me long to realize that I had got into the right church, but certainly the wrong pew. I believe that if anything is worth doing at all, it is worth doing well. I found out that I certainly needed to know a lot more about the business of caring for sick folks if I were ever to keep my self-respect. It was very embarrassing, as well as dangerous, to take such risks with human lives as I was required to while I remained poorly prepared. Merely the desire did not make me a nurse any more than the love of music makes a musician.

I finished my high school work evenings so that I would be able to get into nurses' training school. I finished my nurses' training, took eight months of postgraduate work and am still trying to cram into my head all I can, although long ago I discovered that I shall never be able to know all that is to be known about nursing. However, I have learned not to condemn people for not knowing something, and I do appreciate their desire to help, but I shudder to think of others as foolish and poorly trained as I was being given the responsibilities that I was given.

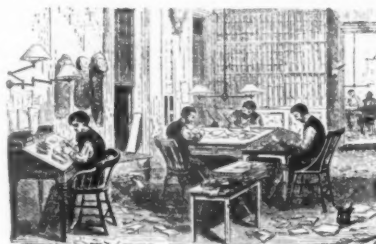
(MRS.) HAZEL E. MILLER, R.N.
ST. LOUIS, MO.

Basic Requirements

Dear Editor:

As the Brown Report and numerous other recommendations for the future of nursing are published, I have become increasingly concerned about the merits of the various plans. I've come to some conclusions which I'd like to pass along.

I sincerely believe that a nurse's education must consist equally of both theory and practice, because nursing is a combination of science and service. I believe that all aspir-



EDITORIAL ROOM.—PREPARING "COPY."

ing nurses should be given impartial scrutiny prior to their acceptance in a training school. The candidate should have a high academic standing, but she or he should also have motivation, temperament and adaptability of a superior degree. If these basic qualities are lacking, no amount of academic education can polish the candidate into a capable nurse.

I believe that all nurses should receive a thorough three-year course in nursing. Then, if they have aptitude for a special field, give them the special education necessary. Those who are to be administrators and teachers should have a college education, but they should be selected for such work only after some post-graduate experience.

It is not only unsafe, but it is

not fair to society or to the nursing profession to permit anyone with less than a three-year nurse's course to assume the responsibility of nursing. Also, the poor nursing care and low standard of ethics found in many practical nurses will cast a reflection on the professional nurse, because many laymen are unable to distinguish between them. A chaotic state may develop in our profession if we permit the practical nurse to assume our most ardent responsibility, the direct nursing care of the patient. If the hospital staffs need additional assistance, they should have a group of specially prepared personnel known as hospital attendants or aides, to assist with the sub-professional duties. The title "practical nurse" should be abolished. I know



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many physicians who believe that the practical nurse, if she continues to be accepted, will propagate herself to such an extent that the professional nurse will be exterminated.

(MRS.) ELOISE N. SIBLEY, R.N.

AUGUSTA, GA.

How's This?

Dear Editor:

For a sure-fire way to remove corks from vials of narcotics [R.N., Jan.] how about manufacturers' placing silk, catgut or some other unbreakable substance with overhanging ends that could be pasted down on the outside of the vial with the narcotic seal.

Until that day comes along, I always carry a dull hypo needle in my case to use for such an emergency.

CAROLYN E. SHEETS, R.N.
FRANKFORT, KY.

Whose to Answer?

Dear Editor:

The nursing profession, gargantuan in importance through recent enactment in theory at least, if not in practice, of views, ideas, plans-in-the-making, without definite stabilization, portends of a not too definite scope of a nurse's status and responsibilities. Has the nursing profession's preparation been undersized or is it now being over-emphasized?

In whose sphere of responsibility shall be relegated the duties of expert care to the sick? To whom shall fall the task of conveying all the simple, yet very important, attentions



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A. J. MORRIS, R.N.
WINCHESTER, N.H.

Let Aides Aid

Dear Editor:

For the past seven years I have been engaged in industrial nursing. I find that in industry, as in hospitals, most of my time is spent on records, ordering supplies and keeping an orderly medical department. All these could be done by an aide, trained to relieve in an emergency.

Why not let aides do what the word implies—help the nurse. In hos-

pitals they could perform the following tasks: admit patients; check clothes; answer floor telephones; run errands to lab supply rooms, pharmacy and surgery; make drinks and collect glasses; pass regular diet trays and collect them; pass bundles of linen and collect soiled linen; pass and collect wash basins; answer lights or bells to inform the patients the nurse will be there shortly; air mattresses and make closed beds; sterilize basins, pans, etc.; take patients to surgery and special treatment rooms.

If the nurse were relieved of these minor tasks she would have time to observe symptoms and apply the knowledge she acquired through three years of hard work.

Our profession has broadened and our duties and concern are not only



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Congratulations to Frances V. Allen, R.N., of Los Angeles, Cal., winner of the B-D Nurse Name Contest . . . and our thanks to the hundreds of nurses* who entered the competition to find a name for our cartoon character. We hope the tremendous number of entries we received is indicative of your interest in our new advertising campaign . . . and that you will continue to help us with it. Send in your suggestions for Beedee's humorous experiences in the hospital . . . for every idea we use we will send the contributor a gift of B-D products in appreciation.

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to keep the patient comfortable and observe symptoms to aid the doctor, but also to consider the psychological, general health and rehabilitation needs of the patient. All this cannot be accomplished if the care of the sick is entrusted to unqualified persons. The quality of nursing care is deteriorating and will continue to do so until some change is made. Nurses are not doctors—aides are not nurses.

CATHERINE MAHONEY, R.N.
CHICOPEE FALLS, MASS.

What Kind of Education?

Dear Editor:

I believe that it is a threat to good nursing when we are willing to relegate from 60 to 80 per cent of the nursing care to aides, housekeepers, and others who come in and out of patients' rooms during their stay in the hospital.

Being trained to be alert and observing was, I believe, one of the most important parts of my training and certainly that part which I appreciate most as a professional nurse. When a graduate nurse is on duty with her patient in his home she would not expect the housekeeper, butler or others to observe the changes in her patient. Then why should she depend upon the same people to do her professional job in the hospital? It is through the acute observation of a nurse that she is able actually to know the physiological and psychological condition of her patient and be on guard to inform the attending physician of any changes. Another thing I am afraid

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1. J.A.M.A. 128:490, 1945

2. Am. J. Obs. & Gyn.,
48:510, 1944

3. Am. J. Obs. & Gyn.,
46:259, 1943

4. West J. Surg., Obs. & Gyn.,
51:150, 1943

5. Med. Rec., 155:316, 1942

6. Med. Rec., Ann.,
35:851, 1941

7. Clin. Med. & Surg.,
46:237, 1939

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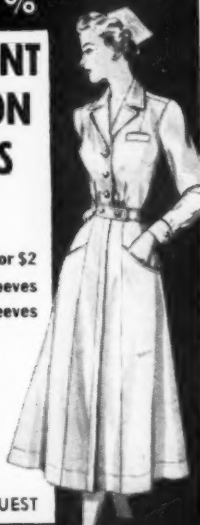
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many nurses are forgetting is that each nurse is responsible for the teaching of her patient. She should always be ready and aware of the best psychological moment to teach him about his recovery, protection of himself and those around him.

Education of nurses should be encouraged, but it should be education toward a closer relationship and better understanding of the patient as a whole. Today nurses seem to have a mania for running out "to get educated" so they might step into every field except the professional care of the sick. Let us not be guilty of overstepping our professional grounds and sidestepping our professional responsibility in the actual care of the sick and infirm. We can afford educated nurses if we know what kind of education nurses need.

(Mrs.) BONNIE M. SEWELL, R.N.
LONG BEACH, CALIF.

Books Wanted

Dear Editor:

The School of Nursing, Silliman University, Dumaguete, Negros Oriental, Philippines needs textbooks published since 1940 for its first fourth year class, which starts in May 1950. Books are needed on public health nursing; eye, ear, nose and throat nursing; and psychiatric nursing. If any of your readers could supply us with books on these subjects it would be greatly appreciated. They should write directly to me.

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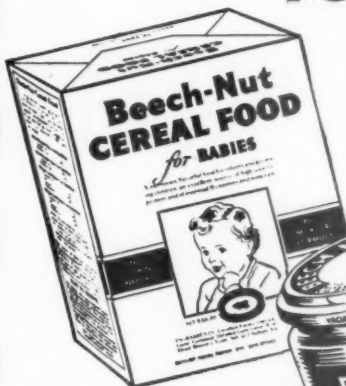
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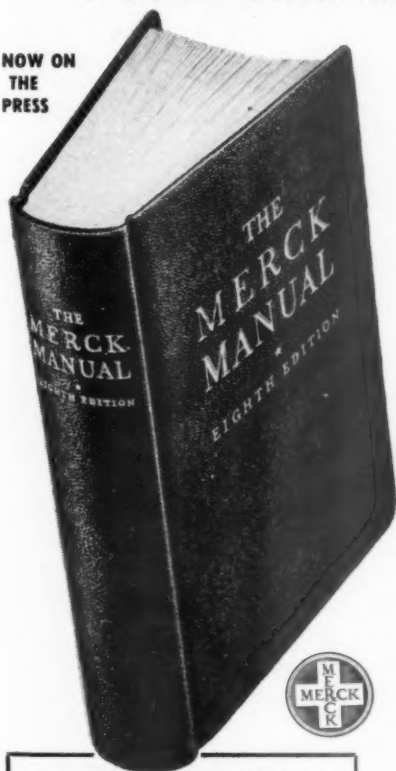


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*

The Bulletin of the Hospital Council of Greater New York reports that the birth rate in New York City has declined 9.3 per cent since 1947, the year showing the highest number of live births in the city's history.

*

According to a report in *Arizona Medicine*, neomycin, developed by Dr. Selman Waksman, the discoverer of streptomycin, has been found to suppress tuberculosis in mice. In animal experimentation, the drug is non-toxic in large doses, produces much less resistant strains and is effective against streptomycin-resistant strains.

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The use of antibiotics in canning foods may, in the future, eliminate expensive pressure cooking equip-

ment, according to a preliminary Department of Agriculture report.

*

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The number of reported syphilis cases in the U.S. has decreased from a high of 592,941 in 1943 to 353,393 in 1948 and 300,975 in 1949.

*

Drastic removal of all the pelvic viscera has relieved pain and in some instances prolonged life in advanced cases of pelvic cancer, according to Dr. Alexander Brunschwig of New York Memorial Hospital, writing in the *Journal of the American Cancer Society*.

*

A report of the AMA's Committee on Cosmetics says that bald and balding American males are spending millions of dollars annually for useless hair-saving and dandruff-curing treatments.



VIA TERRY BY G. J. JONES

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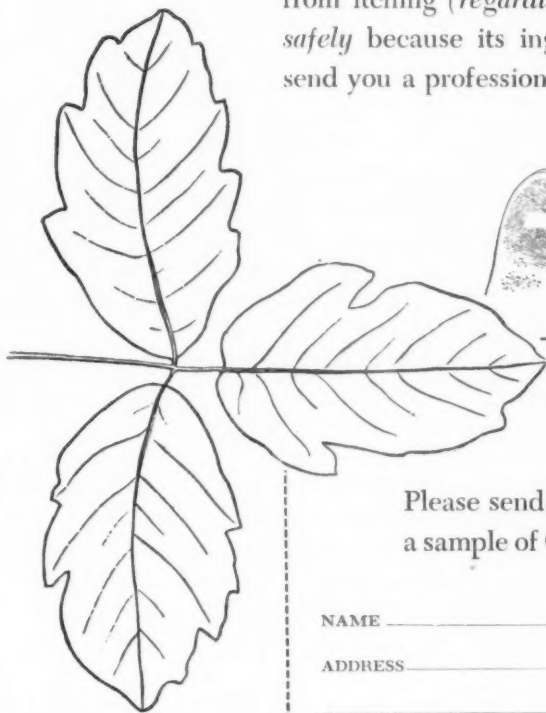
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RN*S*peaks : Pre-Biennial Remarks:

● THE PRESIDENCY of the American Nurses Association has become an onerous job. It not only has become practically a full-time position, but the limitations on the choice of candidates are acute. In the past 12 years, the presidency has been held three times by nurses on the eastern seaboard and once in the Mid-West. Many qualified nurses have been asked, but few can afford to accept the honor of nomination—and it is an honor. We do not have a dearth of presidential timber, but too many of those qualified cannot give the time that the presidential office consumes. The time is here when the ANA president is literally on an unofficial leave of absence from her job while serving.

While we are in the process of re-structuring, this problem should be given serious consideration. We have three possible alternatives: that the two vice presidents share the president's commitments; provide for a president and president-elect system which is so frequently adopted by other professional and business organizations; make the presidency a paid position requiring the incumbent to be on an official leave of absence while in office. This last suggestion is the least desirable for a number of reasons that need not even be listed.

Around convention time the question, "Whom are you going to vote for?" is heard as often as "What time of day is it?" Before answering, let's be sure that we don't repeat a common error—let's not confuse popularity with leadership. There's a world of difference. And let's elect people actively engaged in nursing work. Nursing is changing so rapidly that even nurses in active practice can't keep track of the changes. We tend to speak rather disrespectfully of "swivel chair" opinion and for a good reason. This kind of opinion has proved repeatedly to have little value. Every problem needs perspective but it also needs the attention of people close to it—not the people who were *once* in it.

A few years ago I read a magazine article on leadership in an education journal; the main thoughts in that article have stayed with me. The author cautioned groups to elect the type of leaders who are capable of moving them to decide and act effectively and who can help the group to grow in the process of action. When we realize that in to-

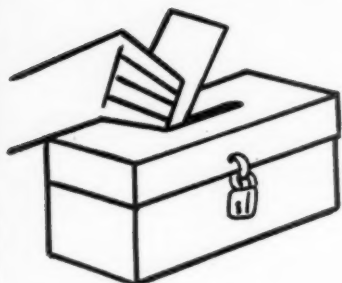
On Leadership, Liability and Lethargy

day's society decisions are no longer made by individuals but by the representatives of individuals, this advice is important. True leadership can be achieved only when leaders possess wisdom and vision and are attuned to the group. They then have the group's full support. We who put our leaders in office should be aware of our power and responsibilities—we should not assume that our part is done when the elections are final. Wise is the group that periodically assesses the successes and failures of those upon whom it has conferred office.

At our conventions, we not only vote for leaders, but on important issues. How much do district members know about how their representatives voted at the last Biennial? Everyone is in agreement that delegates should report back, but how frequently do these reports contain more information on the social events than on the action taken at the business and policy-making meetings. It is my opinion that a district that accepts an inadequate report is more to be censured than the delegate giving the poor report.

It is not too much to ask that district members have the issues before them for study and discussion at least a month before the Biennial. Never again should important issues be permitted to be sprung on the delegates. Delegates should be aware of their prerogative that information concerning organizational issues that hasn't been given to them in due time to study before the convention, requires a unanimous vote of the house of delegates in addition to the presentation of accompanying data and reports of the interested committee.

Many would like to see delegates keep a record of how they vote. It might also be a good policy for a copy of that record to be given to the state president and, if feasible, published in the state bulletin. There may be times when a delegate might be reluctant to vote—when there hasn't been enough information supplied on a certain issue or when the delegate doesn't have sufficient insight into the question to feel qualified to vote. This rare phenomenon might happen more often if the delegates not only had to face their own conscience but also the members whom they represent. As a suggestion, to facilitate reporting back to the districts, delegates of individual [Continued on page 52]



It's Time for Action!

by Louise Knapp, R.N.*

■ THE "STRUCTURE STUDY," as nurses have come to know it, is, in the spring of 1950, reaching a decision and action stage.

Six organizations, AAIN, ACSN, ANA, NACGN, NLNE, and NOPHN, are cooperating in this effort to find the organization formula under which nurses may work most effectively together, with maximum cooperation from the public, for the well-being of nurses and the betterment of the service they render. Each must decide and act by the rules laid down in its own constitution. That means each is proceeding in a somewhat different way.

However, the Committee on the Structure of National Nursing Organizations recommended "that exactly the same questions in exactly the same words be brought before all six organizations for vote, in order that whatever decisions are made may be clear cut." The Boards of Directors of the six sponsoring organizations agreed by accepting the above recommendation at their joint meeting January 28.

Each organization will therefore be asked to vote, in whatever manner it finds constitutionally necessary and desirable, on choice among:

(1) a one-organization plan for reorganization of the six national organizations.

(2) a two-organization plan for reorganization, or

(3) no change in structure at present of the organization voting.

To guide the official vote, some of the organizations are taking an advance opinion poll of all their own members.

A first action of all six Boards of Directors in January was a vote "to affirm their support of a two-organization plan" as the most feasible procedure in the near future.

This meant—in broad outline, though many details must still be developed—support of the 1949 two-organization plan as prepared by the Committee on Structure except that the ANA Board voted its support subject to these three provisos:

"(1) That the present ANA corporation be retained; the proposed new functions and sections as approved by all six national nursing organizations be provided for by amendments to, or revisions of, our present bylaws.

*Chairman, Structure Steering Committee.



- "(2) That the 'Joint Board' become a subsidiary corporation, jointly owned by the ANA and the NLA, and that its name be changed to indicate more clearly the functions which it will assume.
- "(3) That the creation of councils be delayed for the present and, so far as possible during the interim, council functions be assumed by the appropriate sections."

The other five Boards did not act upon the ANA provisos at the January meetings because they thought legal angles must be cleared first. Furthermore, the new Structure Steering Committee is expected to bring to the Boards other suggestions for the additional changes it may think desirable.

New Steering Committee

The Structure Steering Committee of 13 was set up by the Boards on recommendation of the 60-member Committee on Structure which completed its program December 31, 1949. It consists of the presidents of the six organizations, two other representatives from the ANA, and one other representative from each of the five other organizations.

Hortense Hilbert was appointed nurse director of the program the Steering Committee will carry on until the time of the Biennial Convention. Miss Hilbert served as chairman of the larger Committee on Structure from its organization in November 1946, and also as chairman of the interim committee of 12 (Executive Committee of the larger body) that carried responsibilities from the first of the year until the new Steering Committee could be set up.

This Is What Your Organization Is Doing

Because of differing constitutional requirements, the six organizations participating in the structure program must vote in different ways on the choice that is being made by all of them. The following preliminary actions have either been taken or planned to date by each:

AAIN. The American Association of Industrial Nurses will hold its annual meeting April 23 to 29 at the Sherman Hotel in Chicago. The program includes a panel discussion on structure, following which the "members present and voting" will vote their choice among the three future

possibilities. This vote will probably be taken at the business meeting on April 27.

ACSN. The Association of Collegiate Schools of Nursing will ask its 43 members to vote by mail during the spring on choice among the three future possibilities.

The ACSN Board of Directors at its meeting on April 28, 1949 approved the two-organization plan as presented by the Committee on Structure, but raised specific questions about the safe-guarding of collegiate school interest.

ANA. The Board of Directors of the American Nurses' Association authorized an opinion poll of its entire membership prior to the Biennial to aid the house of delegates in San Francisco, which constitutionally would vote a choice among the three alternatives. The poll postcards were mailed to each ANA member, and their return was asked by March 24.

A report of the various ANA Board actions regarding structure was mailed to State and District Nurses' Associations February 6.

NACGN. The National Association of Colored Graduate Nurses, which is already in process of turning over to the American Nurses' Association certain of its responsibilities in consequence of agreements reached between the two organizations, will call a special meeting to vote on its next steps as soon as possible after the San Francisco Biennial.

The NACGN voted for the two-organization plan at its Biennial Convention in Louisville, Kentucky, in August 1949.

NLNE. Present bylaws of the National League of Nursing Education do not permit voting by mail among the three alternatives and the Board of Directors does not consider it right to ask the small percentage of the membership which will probably attend the San Francisco convention to decide so important a question.

Instead, the members attending the convention will be asked to decide on the method of voting, including an amendment of the bylaws to permit voting by mail on changes in organizational structure of NLNE.

When the proposed amendment was mailed to the League members in March with the call to the convention, they were asked to return an *opinion* on choice among the three future possibilities (which will not be a binding vote) to guide their Board of Directors and their members attending the convention in further planning.

NOPHN. After conferring with its legal counsel, the National Organization for Public Health Nursing will proceed as follows:

A mail opinion poll of its entire membership is being taken during March and April. The results of this poll will be reported at the Biennial Nursing Convention business meetings and a large block of time allowed for discussion and the preliminary action necessary for guidance of the Board and legal counsel.

As soon as certain additional legalities are cleared, and before any actual transitions are made into a new organization, each member will

have the opportunity to vote by mail (proxy) as provided for in the NOPHN bylaws. Because of the time involved, this final vote will follow the Biennial meetings and will depend upon preliminary action taken there.

Legal Requirements

Because the six organizations are incorporated in either New York, Massachusetts, or the District of Columbia, thereby being subject to a variety of corporation laws, different legal actions and combinations of actions will be required to put into effect whatever changes the organizations may vote.

The presidents of the six organizations are, therefore, meeting together with legal counsel to formulate a statement of procedures that would probably need to be followed by all in the event the organizations vote to accept the two-organization plan. The purpose of such a statement would be to avoid the confusion of a variety of legal opinion, and clarify as much as possible for organization

members upon just what they are being asked to vote.

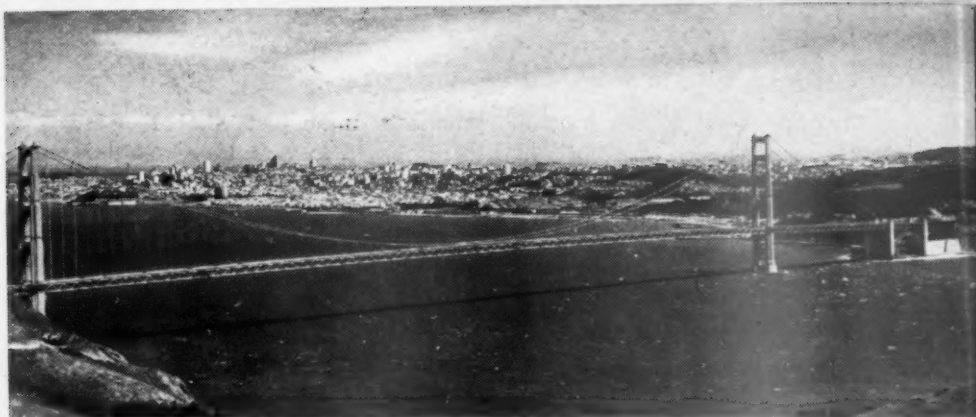
Costs—Not Dues

At the request of the Boards, the new Steering Committee is preparing illustrations of how the individual member would join and participate if proposed changes take place, and has abbreviated the costs study made in the fall of 1949 by a special subcommittee of the Committee on Structure.

Calculations based upon indicated criteria and within defined limits indicate that the *cost* of the ANA to the individual member as proposed would, in round numbers, approximate \$3.50 to \$4; the *cost* of the proposed NLA to the individual member \$6 to \$7. Therefore costs to the member of both organizations would presumably range from \$9.50 to \$11. (The plans propose that ANA membership should be required of nurses joining the NLA, and recent Boards' action recommends separate dues for the two organizations in [Continued on page 73])

COUNT-OFF

● NURSES are reminded that in April 140,000 enumerators of the Bureau of the Census will begin knocking on people's doors. Be ready with the correct answers. There are 45 basic questions in the 1950 population census but only seven of these will be asked about all individuals. These are name, relationship to head of household, race, sex, age, marital status and birthplace. For all persons 14 years old and over there are additional questions on status of employment during the week before the census; and if employed, the number of hours worked and the kind of work done. Respondents are given every assurance that the information they give the Census taker will be kept confidential.



travelogue tidbits

Are you convention-bound and travel-wise? Have you thought about combining business and pleasure and seeing something of the wonders of the U.S. or maybe taking a trip of South of the Border? If you haven't considered the possibility of making the pre- or post-convention time, vacation time, let's see if we can tempt you.

Planned tours* by the dozen are available to nurses going to the convention, with a varied choice of transportation methods—rail, plane or kiddie car.

If you can schedule a trip as early as April 30, the Northern Pacific Railway's all-expense tour calls "All aboard" at Chicago for Yellowstone National Park, Seattle, Puget Sound, Yosemite National Park, Grand Canyon, sunny (?) Southern California and other points of interest.

On May 1, the excursion tour of

*United Airlines offers a special tour to Hawaii.

United Travel Agency (not a government agency) has scheduled a 12-day pre- and post-Biennial tour by pullman, departing Chicago, May 3, and featuring sightseeing tours of the Colorado Rockies, Royal Gorge, Salt Lake City, giant Redwood country, Yosemite National Park, Los Angeles, Hollywood and the Grand Canyon.

the Denver and Rio Grande Western Railroad "choo-choos" out of Chicago to visit Colorado Springs, Royal Gorge and Salt Lake City, returning the conventioners after the Biennial by way of Los Angeles and the Grand Canyon.

If the time element, or your inclinations, suggest "plane-ing" to and from San Francisco, how about considering the American Airlines offer of a 10-day all-expense tour to Mexico City, Acapulco and Cuernavaca, for the additional plane fare of \$59 and \$98 for hotel, meals and transportation during the 10-day trip. For the economy minded, here's a perfect opportunity to visit an extremely friendly country that not only boasts of, but guarantees, ideal weather throughout the year. However, more to the point is the exchange rate of one U.S. dollar for 8.65 Mexican pesos.

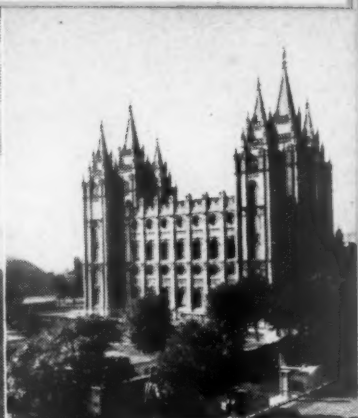
The peso can go fast on a great variety of tempting merchandise—inexpensive silver trinkets, hand-tooled leather goods and Mexican glass and pottery at prices amazingly low.

[Continued on page 61]

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American Airlines, FSA, Salt Lake City Chamber of Commerce,
Union Pacific Railroads, American Airlines, Grace Line.



10072



CHARTING *A COURSE* for Practical Nursing

by Dorothy Deming, R.N.

ANYONE WHO, for the last five years, has watched the ebb and flow of changing opinions regarding the service of practical nurses has reason to be worried over the present situation; worried primarily about the confused state of our thinking and, to a lesser degree, for fear haste and ill-considered action on the part of a few will wreck the sound principle of using licensed practical nurses for the care of the sick under controlled conditions. It would be unfortunate indeed for all of us if the gains of the last 10 years in the field of practical nursing were lost as a result of this confusion and haste; or if we reverted to the 1920-1940 level of our thinking which, in spite of authoritative studies and surveys, chose to ignore practical nurses and did almost nothing to encourage their adequate preparation or to safeguard the patients from the risks of employing untrained practical nurses.

History has shown that in periods of emergency when professional nursing service is in great demand—as in wartime—professional nurses have been glad to accept practical nurses trained or untrained. But as the emergency passes, and professional nurses need jobs, the pendulum begins to

swing the other way—as was the case during the depression—and the old attitude of exclusion and even disapproval appears. Nurses then take the stand that all nursing tasks should be performed only by registered professional nurses. We are beginning to emerge from such a period of acute shortages, making it a rather crucial time for us—the professional nurses—to know our own minds regarding the place and peace-time use of practical nurses.

There have been several national developments that make our present position difficult unless we can arrive at a better understanding of what we want to do with regard to practical nurses. If we cannot act with a fair degree of unanimity and energy, then we had better mark time, set our sights, study our maps, and chart a clear course for ourselves before we move.

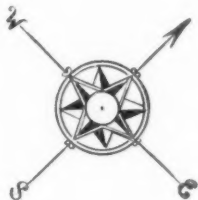
The first of these confusing developments took the form of what I personally believe to be the premature birth of two perfectly sound ideas; one, the *suggestion*, which the casual reader accepts as an official recommendation to states, that the three-year diploma program be given up entirely—the sooner the better—

and college-trained professional nurses and short-course practical nurses be prepared to replace the three-year graduates. The second idea, even less "official" and far more theoretical, was the conclusion that by 1960 we should aim at having a ratio of two practical nurses to each professional nurse, or a nurse-force of some 600,000 men and women.

Let us realize at once that these suggestions have not been formally adopted by the membership of any national professional organization, nor recommended to any state nurses association. The philosophies underlying the suggestions have been accepted in part, but only in part, and there is very little chance that diploma schools will go out of existence or that hundreds of practical nursing schools will spring into being at the rate apparently advocated by current reports. The backbone of the nursing

toward their suggested goals. The suggestions in these particular studies are for discussion, planning and future action and they should be acceptable to the majority before they are implemented.

Another event of great importance to all nurses is the clause, and this is official and legal and nationwide in its implications, in the bills before Congress—S.1453 and H.R. 5940—which provides among other things for appropriations for practical nursing education. The ANA is supporting this bill. It might give a great impetus to practical nursing, it might



profession is the graduate of the diploma school. At present there are less than 40,000 licensed practical nurses in the whole U.S. and less than 80 approved schools—which, by the way, have had to resort to every possible means to recruit students. These facts must be remembered when reading the much quoted and misquoted Brown and Ginzberg Reports and a calmer attitude assumed

be just what we, who have advocated the use of licensed practical nurses in the care of the sick, have wanted, to gain professional acceptance of the movement. *However, it could be otherwise.* Again, I personally believe federal action in this field is premature, unnecessary and precipitate. As the bill stands now, it will undoubtedly throw the complete control of practical nursing education into the hands of the government. As long as we have states in which untrained practical nurses can practice without a license, and almost half do not license practical nurses, as long as we have so few schools on which to pattern the new federally financed "vocational schools," and as long as we

have such vague ideas of what practical nurses can safely do for patients, I, myself, cannot justify the expense of this program to our patients who, along with us, are going to foot the tax bill. Thoughtful professional nurses know there is a place, undoubtedly a growing need, for well-trained and licensed practical nurses, but is this sudden relinquishing of our responsibility to Uncle Sam the way we want practical nursing to develop?

The third development, the organization of state associations of practical nurses which are not closely related to the state associations of professional nurses, is a perfectly natural one, one which will in time be an answer to many of our problems, but again, in its present stage, it worries professional nurses considerably. Ideally, the two groups should have the same fundamental aim, better service to patients, and be in harmony as to ways of reaching this goal. However, when practical nurses act alone, or similarly, when professional nurses move forward without consulting the practical nurses in matters that pertain to their joint interests, difficulties arise and one hears incriminations from both sides. This is not a constructive line of approach and if a better example were set on the national level, a remedy might be found on the local level. As it is, it is just another confusing issue.

Whatever the outcome of these three major developments in practical nursing—and there are many minor ones—it seems vitally important for professional nurses to con-

sider, answer, and then adhere to the principles involved in the following questions:

¶ Do we want qualified practical nurses assisting us to nurse the sick?

¶ If we do, do we advocate training them in federally selected and supported schools?

¶ If we do, should not our associations promote state licensing of all who nurse for hire before urging a mammoth training program?

¶ If we do, do we agree that our national agencies should spend time, thought and money on promoting the sound education of practical nurses, their licensing, placement and standards of service?

¶ Do we urge the need for further study of the functions of practical nurses in all fields of nursing before greatly increasing their numbers?

In connection with this last question, I would like to comment that many of the functions theoretically assigned to practical nurses by the writers of the Brown and Ginzberg Reports would be far too difficult, in fact even risky, for them to carry out with the presently accepted amount of training and background. Twelve months training superimposed on grammar school or two years of high school, does *not* prepare a nurse capable of taking over two-thirds of the services now rendered by diploma-school graduates. The basic training will have to be longer and the basic education at least two years of high school, nothing less.

On the answers to these searching questions, the future of practical nursing rests. [Continued on page 74]

There's A Bluebird on your Windowsill

■ NEARLY TWO YEARS ago, when Elizabeth Clarke, a Canadian pediatric nurse, was tucking her charges in bed for the night, a small bird flew against the window and, soaked with rain, crouched upon the windowsill. A weeping little boy saw the bird, pointed to it and asked her to bring it in from the cold. Mrs. Clarke rescued the bird, and all the children were enraptured as she told them it was a "bird of happiness." As she talked to the children, she found herself making up a poem about the bird, and presently a tune took shape with the words—"There's a Bluebird On Your Windowsill."

Someone heard the song a few months later and suggested it to a local singer. He sang it and it was broadcast by the New Westminster (B.C.) radio. Vancouver's "March of Dimes" elected it as a theme song. Then one day a C.B.C. disc jockey gave it a national debut. Today the song is on the U.S. "Hit Parade," has been recorded by 18 U.S. orchestras or singers, and has been chosen as

the U.S. polio fund's "March of Dimes" theme song. And all this has been accomplished with Mrs. Clarke remaining in Canada. She is the first Canadian to hit the international song market without going to New York or London to become a success.

Elizabeth Clarke, a slender, earnest young widow, was born in Winnipeg, educated there and at Regina College and graduated as a nurse from Swift Current General Hospital. She has been in charge of the nursery ward in the Children's Hospital at Vancouver since 1947.

Because of her interest in children, Mrs. Clarke has dedicated the song to her hospital and to crippled children's work. She receives none of the royalties—said to be soaring close to \$100,000. In fact, on a recent trip to Toronto to appear on a national radio broadcast, the nurse-songwriter visited Toronto's Hospital for Sick Children and gave the small patients autographed records which she had bought and paid for herself!

Refrain

With Permission of the Copyright Owners, Mellin Music, Inc.

THERE'S A BLUE-BIRD ON YOUR WIN - DOW - SILL.



CANDID COMMENTS—

■ **NURSING'S POSITION** in the health scene has grown larger. The profession is moving in fast to take its place with its team-mates in the health enterprise. No longer is it hesitating on the threshold, but takes its chair at the council table with its allies. At times the chair may still be missing but it is there much more often than it used to be.

Our broader responsibilities call for new lines of ethical and legal demarcation. The public expects more from the nurse today than it did yesterday. Our system of education is being adjusted to meet these broader responsibilities, but what of other needs? The doctor is assigning more procedures, formerly in the realm of the practice of medicine, to nurses. The law tends to look on nurses as free agents, responsible for their own acts. All these things, and others, bring forth the question: What constitutes today's ethical and legal practice of nursing? How far can a nurse go in carrying out doctors' orders in service to the community without violating the law and/or the profession's code of ethics?

With this shift in the profession's position has come a move too for the nurse. In contrast to the past, the nurse now belongs to the community—necessary wherever people live and

work. No shift has ever before placed the nurse so obviously in the public light. And the question before us is: How far will we go in accepting our ever broadening social and ethical responsibilities?

The average doctor, like the average nurse, does not realize how great has been the change, and how very much he himself has been a factor in it. Recently, a doctor, highly respected by nurses, complained rather bitterly in a speech that student nurses have to drop floor duties to go to class. It is a common complaint, yet doctors themselves seem to approve of the current products of our system of nursing education. Almost half (44.5 percent) of the 26,500 office nurses are under 30 years of age, and doctors lead the field in their employment of nurses who are under 50.

How and when is the student to get the full education she needs in today's practice of nursing if not in the class-room as well as on the wards? Must all of this heavy schedule of class work come only in the hours when doctors are not making rounds? (And when aren't they?)

Student class hours, however, is but one phase of this medical-nursing problem. Scientific advances have inexorably shifted the line of demarcation between the practice of nursing and the practice of medicine. New methods, new devices, new

PROFESSIONAL GROWING PAINS

knowledges, new patients, crowd the doctor daily. He must transfer part of his load to someone. The nurse and the order book are right at hand. Nurses, drilled in their ethical responsibilities to carry out doctors' orders, and pushed by a harried hospital administrator to get the work done, many times have no alternative but to go ahead. If they thus invade the practice of medicine, is the responsibility theirs, and theirs alone?

In practice outside of the hospital this same kind of problem exists. Many nurses working in homes, schools, industry, are fairly well covered by a set of standing orders written and signed by individual doctors or by representatives of the county medical society. Yet some doctors and nurses are now pointing out that the very use of standing orders forces the nurse to make a tentative diagnosis before applying treatment. Furthermore, these nurses, many of them working without the constant presence of a physician, meet situations where immediate care is needed and for which there are no orders. Standing orders cover the first treatment of certain illnesses and accidents but they cannot prescribe for individual patients.

What is needed apparently is not a revision of standing orders, but a recognition of the shift in position of both doctor and nurse. Lines of

by Janet M. Geister, R.N.

demarcation, blurred by war and post-war pressures, must again be more sharply delineated. So important has this problem become to industry that the American Association of Industrial Nurses brought about the formation of a joint committee of industrial physicians and nurses to work on it. The question is more than a legal one; it also has strong moral implications. The patient is entitled to every protection that can be provided. If nurses, educated in nursing, not medicine, are forced by circumstances to carry out medical procedures, are the patient's rights violated? And if the nurse is penalized—sent to jail in some states—must the responsibility be borne alone?

I've known few nurses who of their own will have taken on medical prerogatives. I have known many who felt they were doing so in carrying out specific orders, and they are worried. I've often heard the charge that "nurses practice medicine." The onus falls on us—we are on the defensive, and should not be. The burden of responsibility for preventive action lies with the medical profession.

As our profession works on this and other problems through its organizations and committees, there is a job too for the individual nurse

that no committee can handle. One of the most serious faults of today is not related to pay or privileges, but to the irresponsibility of too many nurses toward anything which is outside their own immediate personal interests.

The average nurse resents keenly any implication that she is not professional. But being professional calls for something more than working an eight-hour shift, however faithful may be the work during that period. One of the accepted standards of a profession is that it "be increasingly altruistic in purpose"—that means being public spirited. For the profession as a whole, it means working constantly to increase its usefulness, and putting public interest first. For the individual, it means having an interest over and above the immediate day's work.

Recently I attended a well publicized meeting of general duty nurses. A program for attacking some of the most acute problems of the group was to be talked over. Hundreds were expected, and 40 came. Later I dropped into another meeting organized for the same purpose. Over two hundred fifty postcards, all handwritten by the secretary, had been mailed. TWO nurses were present besides the officers. In both areas, there was a good deal of unrest because of unsatisfactory working conditions. Probably the nurses who stayed away were just as vocal in their complaints as were those who

came, but not where it would be effective.

It was explained to me that many of the absentees had homes and families. Does having a happy home life keep a nurse from giving one, two or three evenings a month to the profession? It shouldn't, for I know many nurses who manage to combine family and professional interests very well. It's all a matter of what a nurse really wants to do. "But it's John," says one, "he wants me to stay home evenings." Has John given up his lodge or union or professional meetings because *he* is married?

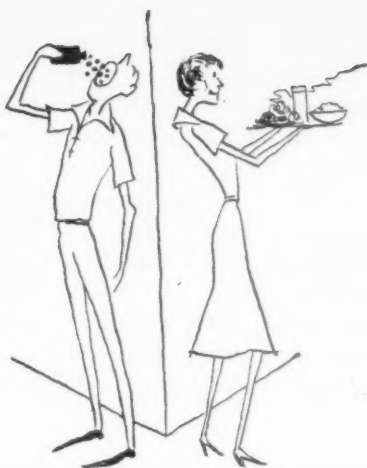
Why are nurses indifferent? The new position of nursing has brought benefits as well as duties. The average nurse is better off today than was his or her predecessor.

In Memoriam

A FRAME OF REFERENCE—Beloved phrase of the nurse educators. Recently expired after prolonged exposure to over use. Interment public.

New blessings carry new duties—otherwise they are short-lived and abortive. Nurses cannot in wisdom or justice live only in a two-dimensional world—their selves and their patients, or themselves and their jobs. While a nurse may go off duty at 5 p.m. there is still a responsibility for working with professional groups to help provide the community nursing needs that go on 24 hours a day.

How can we serve the profession and community as well as the patient? What are the things we can do? The bigger question, however, is, do we *want* to help? If so, we will find the way. The profession is all of us. As it grows in stature each of us must grow with it.



feed your anemia

■ MY DOCTOR SAYS I have a low red blood count. He gave me some iron pills, but is there anything else I can do for it?" If this question were put to you, could you, far removed from a nutrition book or a dietitian, answer without falling back on the stock reply—"Eat plenty of liver." Remember that some people, perhaps you, yourself, have a deep and abiding liver phobia.

We have a wealth of iron-rich foods at our command. Although pork, chicken and beef liver are the most potent blood-building foods, beef tongue, heart, kidneys and tripe also speed up hemoglobin production. Other sources of iron are oysters, lean chicken, dark turkey and egg yolks. Dried lima beans, navy beans, apricots, peaches, prunes and raisins give a respectable amount of iron as do green leafy vegetables, bran, molasses and wheat bread.

But in concentrating on the iron content of foods, we mustn't forget

that a well balanced diet should also contain vitamins and other nutritional factors. Because it has been shown that a relatively high protein intake plays an important part in hemoglobin formation, a daily intake of 75-80 grams is recommended.

Taking all food values into consideration, the regimen for an anemia sufferer would be: liver or kidneys twice a week or more frequent servings of other meats rich in iron; pork or ham once a week for vitamin B; dried peas, beans, soybeans, peanut butter twice a week; two servings of

fruit daily, one tomato or citrus fruit, the other, any of the fruits mentioned above—apricots, peaches, etc.; one serving of a leafy green vegetable and one of a yellow or green vegetable plus one serving of potato daily; daily servings of whole-grain or enriched white bread and cereals; one or more eggs daily; and one pint of milk per day.

Generally, a well balanced daily diet which includes one egg and a meat serving provides the daily 15-gram iron requirement. But if iron deficiency does appear, it is usually advisable to take iron medication and also follow the foregoing dietary suggestions. While most people in this accelerated machine age who suffer from slight nutritional deficiencies find it easier to take a pill than to bother eating the proper food, according to authorities, food remains the best source of vitamins and minerals and is an important part of iron therapy.—FRANCES LEWIS, R.N.



and travel to all of the living body cells. In contrast to this far-reaching action, external secretions escape through canals or ducts and do their work in special areas, nearer their parent glands.

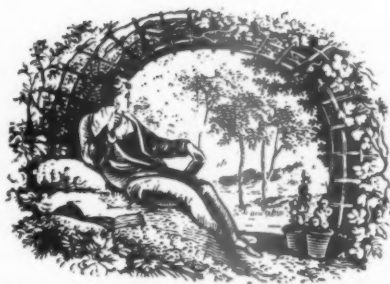
Chief of the endocrine glands and their taskmaster is the anterior pituitary gland which normally holds a whip hand over endocrine activities. The proper development of the male and female sex organs and the appearance of secondary sex character-

Hormones

■ SEX HORMONES have been credited with so many miraculous powers, including the ability to create a more youthful skin or a new topknot for a balding head, that one may find it difficult to separate fact from fiction.

The reason for much of this difficulty lies in the fact that, in general, sex hormone therapy hasn't advanced to the tried and true stage of other forms of hormone medication. Consequently, in some cases, even medical authorities may be teetering on the shaky foundations of conjecture and tentative reports.

Sex hormones, like their fellow hormones, epinephrine, insulin, thyroxin, etc., are chemical products of endocrine glands. The secretions of ductless glands or glands of internal secretion, as endocrine glands are often called, differ from those of external secretion, such as perspiration, gastric juice and saliva, because they pass directly into the blood stream



istics depend primarily upon the correct relationship between the anterior pituitary gland and the sex glands—a delicate balance of hormone point and counterpoint.

According to a generally accepted theory, the anterior pituitary sends out a number of chemical hormones called gonadotropins which stimulate the gonads or sex glands to develop and secrete the sex hormones. In turn, these latter hormones may, in certain amounts, inhibit the production of gonadotropins by the pituitary. Thus there is a close relationship between pituitary hormones and

sex glands as well as between sex hormones and the anterior pituitary gland.

One of these gonadotropic messengers, the follicle stimulating hormone, or FSH, plays an important part in developing the tubules of the testes and producing spermatozoa. Furthermore, in the female, it acts by stimulating production of the estrogenic hormone in the ovarian follicles. Another gonadotropic hormone, designated as the luteiniz-

ing hormone, or LH, induces growth of the interstitial testicular tissue which produces the male sex hormone, testosterone, and corpus luteum, which produces another female hormone, progesterone.

The activity of the gonadotropins and the sex hormones which play an important part in determining body

either in the menstrual flow or pregnancy, is FSH, the hormone that stimulates growth of the ovarian follicles and the production of estrogen. After about two weeks of growth, one of the follicles ruptures and releases an ovum to the fallopian tube and the uterine cavity. In the meantime, during this so-called proliferative phase, the estrogenic hormone has been busy stimulating epithelialization of the endometrium, growth of the mammary duct tissue, cornification of the vaginal epithelium, and increasing the contractions of the uterus.

After ovulation, the proliferative phase of the menstrual cycle passes into the progestational phase, and corpus luteum formed in the collapsed follicle under the influence of LH and possibly estrogen, begins to secrete a hormone, progesterone, which helps the endometrium to provide a secretory, physiologically



structure and developing sex organs and functions, is not evident until the age of puberty when both boy and girl exhibit the familiar changes which transform them into sexually mature persons. During this stage,

s and the Facts of Life...

suitable home for a fertilized ovum. This hormone also softens the vaginal mucosa, stimulates the glandular portion of the breasts and relaxes the smooth muscle of the uterus. If the ovum is fertilized, progesterone continues to be released by the ovary through the third month of pregnancy; after this, it is elaborated by the placenta. If the ovum remains unfertilized, it is eliminated in the menstrual flow of blood and sloughed-off endometrial tissue. It is believed that this flow may be initiated by the withdrawal of FSH and LH whose production has been checked by the combined inhibitory effect of estrogen and progesterone.

When women reach a certain age, generally between 45 and 50, their ovaries fail to respond to the stimulus of the gonadotropins, and as a result, progesterone-estrogen production is interrupted. Because of this physiological change, menstruation gradually ceases and eventually the vagina, uterus and breast, robbed of their sex hormone stimulation, begin to atrophy. Also, at this period ovarian dysfunction may upset the functions of other endocrine glands such as the adrenals and thyroid, since all endocrines are closely related.

The various annoying symptoms of the menopause have been attributed to estrogen deficiency or an excessive amount of gonadotropins, but actually the true cause has not yet been determined. Some authorities believe that psychogenic rather than physiologic factors may be responsible for much of the emotional instability encountered at this time.

Although the male loses his sexual powers as he gets along in years, this loss does not appear within such a limited age range as is generally found in the female. Nevertheless, during his period of sexual aging, the man may also suffer from many of the typical menopausal symptoms—nervous instability, depression, fatigue and even hot flashes. In both males and females, it has been found that sex hormone therapy by replacing naturally occurring sex hormones has frequently been useful in subduing many of these annoying and often incapacitating symptoms.

Androgens (male sex hormones) and estrogens (female sex hormones) are both present in the male and female, but normally androgens predominate in the male and estrogens in the female. Probably the most potent estrogen is alpha-estradiol, which after being utilized by the body is eliminated in the urine as estrone (theelin) and estriol—less active estrogenic substances. These hormones may be prepared synthetically or derived from urine of pregnant women or pregnant mares for oral, intravaginal, injection or parenteral use. Because estrogens are rapidly destroyed in the body, compounds of their fatty acid esters—benzoate, acetate, propionate or palmitate—which are absorbed slowly from the injection site are commonly employed for I.M. administration.

What are the true scientific indications for estrogenic therapy? According to the AMA's Council on Pharmacy and Chemistry, estrogens may be prescribed for several conditions

showing an estrogen deficiency such as menopausal symptoms, senile vaginitis, kraurosis vulvae and pruritis vulvae. They may be useful in the treatment of female hypogenitalism (poor development of sex organs), not because they stimulate ovarian function but rather because they substitute for it. They also suppress lactation and, in some instances, have exerted a temporary palliative effect on breast cancer occurring in older women. Because estrogens neutralize androgens, they may allay, for a limited time, the local symptoms of prostatic cancer. Excessive flowing caused by deficiency of either or both of the ovarian hormones may be interrupted by estrogen, and

normal cycles re-established by dosage sequences of both estrogens and progesterone.

Progesterone, the corpus luteum hormone, excreted as pregnandiol glycuronide, is found in the urine of pregnant women during the corpus luteum or progestational phase of the menstrual cycle. Although the proprietary preparations of this substance are not yet Council-approved, the drug, progesterone, has received wide acclaim for its therapeutic effect in habitual abortion. In many cases of habitual abortion, the pregnandiol level in the urine has been shown to be abnormally low, indicating that progesterone is not being supplied in [Continued on page 58]

Probie



"There goes your hero."



Drug **D**igest

DIETHYLSTILBESTROL U.S.P. (Estrogen Therapy)

PROPRIETARY NAMES: Stilbestrol, Stilbest-Oral, Stilbinol Elixir.

PHARMACOLOGY: Diethylstilbestrol, a synthetically prepared hormone, differs chemically from the natural estrogens, but exhibits practically the same physiological activity, that of stimulating development of sex organs and secondary sex characteristics. It is used in treating conditions showing a deficient supply of natural estrogens such as the menopause, senile vaginitis, kraurosis vulvae, pruritis vulvae and female hypogenitalism. It is also commonly used in relieving breast engorgement in suppression of postpartum lactation, and has been reported effective in threatened or habitual abortion. Alone or with progesterone it may help to control functional bleeding and re-establish normal menstrual cycles. Estrogen therapy may alleviate local symptoms of prostatic cancer because of its neutralizing effect on androgens. Use of the drug is generally contra-indicated in women having a personal or familial history of breast or genital cancer.

DOSAGE: Oral dosage may be 0.1 to 1 mg. daily for menopausal symptoms and senile vaginitis; 5 mg. one to three times daily for two to four days for suppression of lactation; and 25 mg. three times a day for prostatic cancer. The drug is available in ampuls for I.M. injection, tablets, capsules and elixir for oral use, and suppositories for vaginal insertion.

UNTOWARD ACTIONS: If nausea, vomiting, breast soreness, uterine bleeding and vaginal tenderness occur, dosage should either be reduced or discontinued.

PROGESTERONE (Corpus Luteum Therapy)

PROPRIETARY NAMES: Progestin, Progestone, Progesterol, Gesterol, Glanestin, Lipo-Lutin, Lutocilin, Lutomone, Nalutron, Proluton.

PHARMACOLOGY: Progesterone, a white crystalline substance readily soluble in oil, produces effects identical to those produced by the naturally occurring hormone progesterone. Though not approved by the AMA Council on Pharmacy and Chemistry, progesterone has been used in dysmenorrhea for its inhibition of uterine motility; in functional bleeding caused by arrest of the menstrual cycle in the proliferative phase; and in pre-menstrual tension due to estrogen imbalance. The reason for its wide use in habitual abortion is that this type of abortion may frequently be caused by progesterone deficiency in the critical period of the third or fourth month of pregnancy.

DOSAGE: One international unit represents the activity of 1 mg. of crystalline progesterone. Dosage in habitual abortion may be 2 mg. to 5 mg. one to three times weekly, beginning shortly after onset of pregnancy and continuing through the fourth month. Dosage of 1 mg. to 5 mg. daily two or three days before symptoms and continuing for about five or ten days may be prescribed for functional bleeding or dysmenorrhea. Progesterone may also be given in conjunction with estrogen therapy for control of functional bleeding and re-establishment of the normal menstrual cycle. The drug in an oil preparation is available in ampuls and vials; a synthetic derivative of progesterone is also available in tablets for oral use.

UNTOWARD ACTIONS: Unknown.



TESTOSTERONE PROPIONATE U.S.P. (Androgen Therapy)

PROPRIETARY NAMES: Lydin, Neo-Hombreol, Oreton, Perandren.

PHARMACOLOGY: The propionic acid ester of testosterone obtained from the testosterone of bull testes or prepared synthetically from cholesterol has the androgenic properties of developing accessory male organs and sex characteristics. It has been used successfully in treating eunuchoidism and incomplete development of the primary or secondary sex characteristics either before or after puberty. Continuous treatment is necessary in cases where accessory sex organs have atrophied as a result of castration or eunuchoidism. The drug may also be of therapeutic value in cryptorchidism (undescended testicles); in the male climacteric; in angina pectoris because of its vasodilating action; and in female disorders such as menorrhagia and metrorrhagia. It has temporarily alleviated symptoms of female breast cancer and relieved breast engorgement in suppression of lactation. Dosage is contra-indicated in diagnosed or suspected prostatic cancer since the substance may stimulate cancerous growth.

DOSAGE: Dosage necessarily depends upon the individual case. Testosterone propionate, prepared in oil, may be given intramuscularly in doses ranging from 5 to 50 mg., two to six times per week.

UNTOWARD ACTIONS: Excessive dosage in the male may result in priapism. In the female, dosages of 500 mg. or more per month may cause deepening voice, growth of beard and coarse body hair, baldness, acne, enlargement of the clitoris.

CHORIONIC GONADOTROPIN N.S. (Gonadotropin Therapy)

PROPRIETARY NAMES: Choriogonin, Follutein, Korotrin, Entromone, Lyovac Chorionic Gonadotropin.

PHARMACOLOGY: This water soluble gonadotropin, derived from the chorionic layer of the placenta and prepared from the urine of pregnant women, stimulates the interstitial cells of the testes to produce androgenic hormones which in turn promote development of the secondary male sex organs. Unlike the pituitary gonadotropins, this hormone does not appear to induce growth of ovarian follicles or corpus luteum. It is chiefly recommended in cases of cryptorchidism where anatomic lesions or reflex muscular spasms are not the causes of undescended testicles. If descent is not induced by hormone therapy, surgical measures may be necessary. Although chorionic gonadotropin has also been reported effective in treating adult male hypogonadism and functional uterine bleeding, these types of therapy have not been recognized by the AMA's Council on Pharmacy and Chemistry.

DOSAGE: Chorionic gonadotropin is standardized in international units, one of which equals 0.1 mg. of a standardized powder. I.M. dosage for the treatment of cryptorchidism is generally 200 to 500 international units two or three times a week. If descent does not occur after about eight weeks of therapy or if signs of precocious sexual maturity develop, dosage should be discontinued. The drug is available in ampuls or vials for I.M. administration.

UNTOWARD ACTIONS: Excessive dosage may cause signs of precocious sexual development.

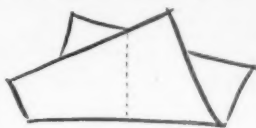


SCARF MAGIC

ntex

● Banish the cares of winter and face the robins and tulips with a gay new front. A colorful scarf, a few flicks of the wrist and presto chango, you've added spring sparkle to a tired wardrobe. The three scarf arrangements pictured on these pages put no strain on the budget and require no special skill. Why not give them a try—or a twirl. Shown above is the Mid-Century Rosette, a flattering tie-way to soften a tailored suit and light up the face with color. To make this, fold a 24-inch scarf on the straight to three-inch width. Tie in a slip knot at one side of neck and fluff out the edges to form a double rosette.

Butterfly Bow Collar or Capelet >



● Fold 24" or 36" scarf, tie knot on dotted line, tie around neck with knot in front. Wear cape (36" scarf) with knot in back.



< Dramatic Blouse or Classic Gilet



● Fold 36" scarf on diagonal, knot ends at back of neck, pull opposite corners around to back of waist and tie.



Revolving **N**ews

► **QUICK ACTION** of Christopher Shaughnessy, former member of the Army Medical Corps and employed as a licensed practical nurse at the Prospect Heights Hospital, Brooklyn, is credited with saving the life of an engineer who fell beneath a subway train. Mr. Shaughnessy stopped the flow of blood from the victim's wounds by using his necktie and belt as tourniquets.

► **FLIGHT NURSES**, including Air Force nurses, 10 Navy nurses and five Medical Service Corps officers, were recently graduated from the Flight Nurses Course at the School of Aviation Medicine, Randolph Air Force Base, Tex. The MSC officers enrolled in the course to gain a better understanding of the problems encountered in evacuating patients by air. Brig. Gen. William H. Powell, Jr., Office of the Surgeon General, U.S. Air Force, who addressed the graduates, told the Navy nurses that their presence represented the spirit of unification expressed at its best.

► **A PICTURE FOLDER**, "Nursing—Is It Your Career?" depicting life in a school of nursing as well as the major fields of nursing open to graduates, is a new publication of the Committee on Careers in Nursing,

1790 Broadway, N.Y.C. The folder, initial printing of which was made possible through a National Foundation for Infantile Paralysis grant, will be distributed by the Committee to prospective students, parents, counselors, local recruitment groups and schools of nursing. Single copies are free; additional copies up to 100, 5 cents each; 100 copies or more, \$4 per 100.

► **AN INFORMAL REUNION** of members of the Navy Nurse Corps, Reserve nurses and ex-Navy nurses will be held at the ANA Biennial in San Francisco in May. A Dutch Treat Breakfast is being planned so that old shipmates may renew acquaintances and newly appointed Reserve nurses can be welcomed aboard. Those interested should contact Lt. Violet Holmoe, NC, USN, Office of Naval Officer Procurement, Ferry Building, San Francisco 11, Calif., so that tentative arrangements may be completed. The date, time and place will be announced at a later date.

► **DEMANDING** a public hearing on their health bill, which was introduced last year as an alternative to the Administration's compulsory health program, Republican Representatives Herter, Javits, Case, Nixon, Morton and Hale declared that "unless the Administration faces this issue now, it is obvious that it (the national health insurance issue) is being preserved for 1950 campaign purposes regardless of the medical needs of the country." The Republi-

can bill would encourage the establishment of many new voluntary health plans by various organizations such as veterans' groups, civic clubs, trade associations. It would provide for payments by individuals of a percentage of their income for the services, the normal figure being 3 per cent of income up to \$5,000 per year, with the state and federal governments paying the difference between cost of service and the amount of income payments to each voluntary plan. Among other provisions of the bill is that of federal aid to medical and nursing education. According to Gerald Gross in the *Washington Report*, public hearings on compulsory and voluntary health insurance will be held this spring before the House subcommittee on health legislation.

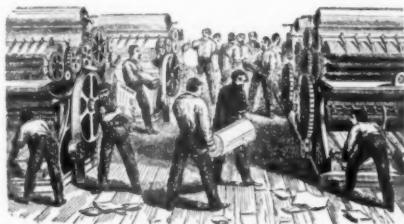
► **A PUBLIC RELATIONS** counsel, Daniel Rashall, has been retained by the Tennessee State Nurses Assn., it has been announced by Ruth Neil Murry, president and dean of the School of Nursing, University of Tennessee. According to Mr. Rashall, "The stated objectives of the TSNA public relations program are fundamental to organized nursing's socioeconomic character and credo. It is a program wherein professional nursing recognizes its social responsibility and endeavors to fulfill it, to its own benefit as well as that of the public it serves."

► **ARMY NURSES ABROAD** are giving the overseas American soldier and his family good nursing care, ac-

cording to Lt. Col. Agnes Maley, ANC, Personnel Division, Office of the Surgeon General. Of the 1,050 ANC officers currently assigned to overseas Army hospitals, 440 were in Europe (Germany, Austria, Trieste); 535 in the Far East (Japan, Okinawa, Guam, Korea, Manila, Hawaii); and 75 in other areas (Alaska, Panama, Brazil, Puerto Rico). Colonel Maley said that "because of the high percentage of requests we never have any difficulty in finding the right nurse for the right overseas vacancy."

► **NINTH ANNUAL** Convention of the National Association for Practical Nurse Education will be held May 22-24, at the Hotel Pantlind, Grand Rapids, Mich. Two one-day institutes will be held on May 25: one for directors and instructors in schools of practical nursing and one for officers and delegates from state practical nurse associations.

► **HOWLS OF PROTEST** are greeting the recent economy order of Secretary of Defense Louis Johnson, which will close or reduce in status 18 Army, Navy and Air Force hospitals. The cut-back, which is estimated to [Continued on page 63]



PRISON BOMB—WAITING FOR THE TRAIN.

R.N. Speaks

[Continued from page 27]

districts might arrange a round table and pool their conclusions, appointing one or more to be the spokesman for all.

Only careful preparation and familiarity with the topics scheduled on the Biennial agenda will guarantee that the time will not run out before the business is completed. Besides elections and structure study decisions, the ANA House of Delegates will be requested to vote on proposed revision of the bylaws, adoption of a written code of ethics, the ANA Platform consisting of 12 planks, and perhaps unscheduled subjects brought up by the delegates themselves, such as the questions on compulsory health insurance, student nurse associations on a district and state level, and possibly a system of graduated dues.

The most important revision of the bylaws is that of offering associate membership to nurses who "were not employed in nursing for more than 30 days during the 12-months period preceding their application" and

"who do not anticipate employment in nursing in excess of 30 days during the calendar year." Associate members will not be permitted the privilege to vote, to serve as delegates or alternates at special meetings or conventions, or on standing committees of the ANA.

Although the Committee on Structure has made no provision for associate membership, such membership will be provided for in later revisions of the adopted plan if the house of delegates votes favorably on the proposal. Associate membership, with ANA annual dues set at 75¢ per capita, will automatically stimulate interest in many nurses who hitherto have been reluctant to pay full dues for active membership. Another excellent stimulus to membership, used by many other professional associations, is the system of graded or graduated dues. Why it hasn't been considered more seriously by the ANA is hard to say. It is quite easily seen that job holders in higher salary positions receive more guidance from their professional organizations than do others in the lower-salary bracket. Organized nurs-



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ing is working on many problems for all nurses but, by and large, much of its activity relates to the supervisory and executive positions. Why then wouldn't a system be sensible whereby dues are raised gradually as the salary increases. The American Library Association and the National Education Association recognize the merit of this principle. The ALA assesses its library members \$3 on a salary of \$2,100 or less, \$6 on \$2,101 to \$4,000, \$10 over \$4,000. Although the national level of the NEA has not adopted graded dues, individual state associations have.

Conforming as much as possible to the desire of the profession, a tentative code of ethics will be presented to the ANA House of Delegates in May for adoption. Consisting of 18 statements, and eliminating some of the more obvious, the code in substance states: Professional nurses' responsibilities are to conserve life and promote health; to maintain professional status by continued reading, studying, observation and investigation; to remain with patients requiring continuous service until adequate relief is available; to respect the religious beliefs of patients and to hold in confidence all personal information entrusted to them; to obligate themselves to verify the physicians' orders to prevent inaccuracies or misunderstandings, and to refuse to participate in unethical practices; to refrain from recommending or giving medical treatment, except in an emergency, without medical orders; to sustain confidence in the physician and other members of the health

team but to expose to the proper authorities incompetence or unethical conduct in the health professions; not to accept tips or bribes; not to apply for a position held by another, or secure a position by means of political or other pressure; and not to permit their names to be used in testimonial advertising.

The ANA Platform, a copy of which appears on page 56, should be studied carefully, for planks relating to federal aid, national accrediting service, economic security, professional counseling and placement services and state licensure for all who nurse for hire are included.

This is the last issue of R.N. before the Biennial, for the May issue's publishing date is too late to reach readers in time; therefore, June and July copies will contain reports and sidelights of the convention. This is the most decisive Biennial in this professional generation—may the delegates serve the profession well.

—ALICE R. CLARKE, R.N., EDITOR

Ten will get you one—free round trip ticket to the San Francisco Biennial and a side trip to Mexico, announces the American Airlines in a recent communication to R.N. No strings attached, no box tops nor last-line jingles requested, you merely talk 10 friends into flying with you to San Francisco and then on to a 10-day tour of Mexico City, Acapulco and Cuernavaca. As the promoter and conductor of the tour, you earn yourself a free ride and are guaranteed congenial companionship.

April R.N. 1950



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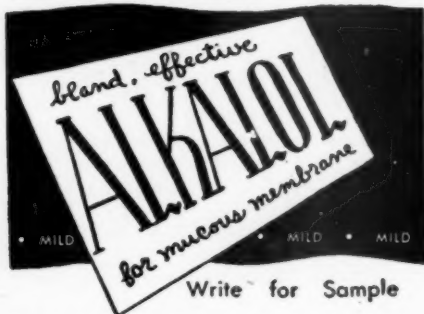
City _____

PLATFORM for the American Nurses Association

(as of December 22, 1949)



1. Participate actively with allied groups in planning to meet total health needs.
2. Establish an effective national nursing structure for unified action in meeting nursing responsibilities to the public.
3. Continue cooperation with the National Security Resources Board in planning for total health needs for the nation in time of emergency.
4. Promote prepaid health and medical care plans which include nursing.
5. Increase the supply of competent nursing personnel through such measures as better recruitment of students, extended educational facilities and professional counseling and placement and promote research in nursing education.
6. Promote federal, state and local aid for nursing education to improve schools of nursing and provide scholarship aid to students to increase enrolment.
7. Continue support of a national accrediting service for programs in nursing education to protect the student and the public.
8. Promote state licensure for all who nurse for hire to assure competent nursing service.
9. Improve working conditions which directly affect the recruitment and efficiency of nursing personnel through strengthening economic security programs, using group techniques including collective bargaining and supporting desirable federal and state labor legislation affecting nurses.
10. Promote a wider use by nurses themselves of voluntary insurance plans and support the extension of full Federal Social Security benefits to all nurses.
11. Promote full participation of minority groups in association activities and eliminate discrimination in job opportunities, salaries and other working conditions.
12. Advance participation in world affairs by support of the United Nations and its specialized agencies, particularly the World Health Organization; continue the program for international exchange of students and teachers of nursing and the program for displaced persons; and cooperate in the development of professional nursing in the Americas.



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It's so much easier to spread cheering comfort to patients when you feel relaxed and comfortable yourself. True, isn't it? It's also true that you will find extraordinary comfort and "go" in extra-easy ENNA JETTICKS . . . for duty and for dress-up!

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Some ENNA JETTICK Styles
 are made in sizes 1 to 12
 widths AAAAA to EEE



Hormones

[Continued from page 45]

sufficient quantities to meet the needs of pregnancy.

In contrast to the female sex hormones, the urinary androgen derivatives of testosterone, the most active androgen, are relatively unimportant. Available commercially in oral tablets, ointments, pellets for subcutaneous use and in ampuls for intramuscular administration, this male sex hormone benefits castrated males, eunuchs or hypogonadic males because it supplies a fundamental sex hormone deficiency. An adequate supply of testosterone is necessary for the growth of sex organs and development of secondary sex characteristics. The use of this hormone in temporarily relieving the symptoms

of female mammary cancer is analogous to the use of estrogens in prostatic cancer, where the latter neutralize androgens. Its effect in gynecological disorders such as functional bleeding, dysmenorrhea and in control of lactation is probably based either on its inhibitory action on the pituitary or its neutralization of excessive estrogen.

The last members of the hormone group primarily concerned with sexual organs and functions are the gonadotropins. Although the fundamental pituitary gonadotropic substances, which were referred to earlier as FSH and LH, have not been chemically purified, and pituitary anterior lobe preparations are not approved by the AMA Council, other valuable gonadotropic hormones have been isolated from the serum of

\$6,300.00 SCHOLARSHIPS and ASSURED CAREERS **for REGISTERED NURSES!**

Administer Kenny Treatment to Polio Victims as a Kenny Technician.

● Registered Nurses may now continue their studies and improve their professional qualifications by entering training to be Kenny Technicians. A new class enrolls June 12, 1950, at Elizabeth Kenny Institute in Minneapolis. Tuition is furnished, and Kenny scholarships allow nurses \$200.00 per month during their first eighteen months of training and \$225.00 per month for the remaining twelve months of the course.

The course includes twelve months of physical therapy training at Mayo

Clinic, Rochester, Minnesota, or other accredited schools of physical therapy, leading to a certificate and physical therapy registration. The balance of the course is devoted to Kenny training. (Arrangements can be made to take the physical therapy course at a later date if trainee so desires.)

Upon graduation, Kenny Technicians are assured of assignment to duty in a Kenny treatment center. Salaries start at \$285.00 and reach \$335.00 per month. Technicians with supervisory ability can increase their earnings still further. Two weeks' vacation with pay is provided after one year, three weeks after two years, and four weeks at the end of three years and each year thereafter.

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The hospital is fairly large and is expanding its facilities. *Pediatric, obstetrical and floor supervisors . . . nursing arts and science instructors* are needed.

Write or wire for further details.

(Send for our analysis sheet so that we may prepare for you an individual survey of opportunities in your field.)

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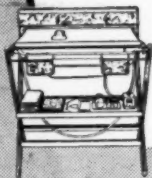
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pregnant mares and urine of pregnant women. The latter, called chorionic gonadotropic substance and accepted by the Council, is produced by the placenta; large amounts in urine indicate pregnancy (Ascheim-Zondek test). Because it helps the testes to elaborate testosterone which stimulates sex maturation, it is used chiefly in cryptorchidism where the testicles fail to descend into the scrotum.

Since space doesn't permit mention of the numerous sex hormone and gonadotropic preparations on the market, four drugs—diethylstilbestrol, progesterone, testosterone propionate and chorionic gonadotropin, each representative of four types of hormone therapy—are presented in *Drug Digest*, page 46.

It can't be emphasized too strongly that the great danger of sex hormone therapy lies in its indiscriminate use. Since many of its effects are still unpredictable, particularly its carcinogenic effect, courses of therapy should never be undertaken except under medical auspices.

Remember that exaggerated claims for sex hormones have been made in the past and continue to be made in the present. The use of estrogens and androgens stimulate growth only in conditions where there are deficiencies of these hormones. For example, the local application of an estrogenic cream or ointment to the breasts will increase their size only if their poor development is due to ovarian failure. If it is not, then all the estrogens in the world won't transform a flat chest into a shapely bosom. And even in

cases which do respond, applications must be kept up regularly in order to assure a continued effect; otherwise the new growth of breast tissue will recede. Furthermore, the claims of estrogenic face creams have not yet been adequately proved. According to the best scientific opinion, we'll have to accept our wrinkled skin and scrawny figures with good grace, and count on the sex hormones for a different type of therapeutic help.

Travelogue Tidbits

[Continued from page 32]

Be prepared—when getting ready for the Biennial, get that smallpox vaccination required if yours is over three years old, collect your Tourist Card at the Mexican Consulate in your city, or wait until you reach San Francisco, and pack in your suitcase proof of your United States citizenship (birth certificate, old passport or naturalization papers) with a lightweight coat for the cool evenings—and then try to keep your mind on the house of delegates sessions at the Biennial.—A.R.C.

The price of fares and additional tour information can be obtained from Frederika Farley, co-chairman, Committee on Transportation, American Nurses Association, 1790 Broadway, New York 19. Information on the American Airlines fares and all-expense tours can be obtained from Sara Stevens, American Airlines, 122 East 42nd Street, New York City.

April R.N. 1950

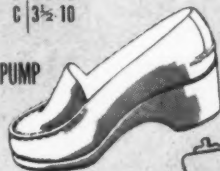
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AAA	5-10
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A	4-10
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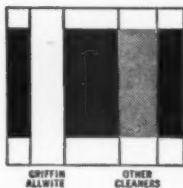
See it with your own eyes. Your white shoes will look better than ever before. It's the most wonderful white shoe cleaner you've ever used.

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— baby's too!

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Laboratory chart tests show more whitening power with Griffin Allwite. Actually doubles in whiteness as it dries.



MORE cleaning action

Look at the cleaning cloth for the evidence — Allwite shoes away dirt like magic.



GRIFFIN
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10¢ & 25¢ bottles
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News

[Continued from page 51]

save American taxpayers \$25 million a year, will reduce the VA bed allotment in these hospitals, curtail residency and internship training programs and dispense with the services of many civilian physicians and dentists serving as consultants or part-time doctors. A special House Armed Services subcommittee has been named to investigate this latest Johnson directive.

► **ALL OR NOTHING** seems to be the position of Dr. Eli Ginzberg on voluntary health insurance, states the Hospital Council of Greater New York, which disagrees with a few of Dr. Ginzberg's conclusions as expressed in the recent report on New York hospitals (R.N., March). Dr. Ginzberg would consider voluntary health insurance a failure and compulsory health insurance the only answer if 75 per cent of the state's population don't enroll in voluntary plans by 1953. The Council replies that an earnest endeavor must be made "to educate consumers to change their patterns of expenditure. After this has been done for several years, the situation will be ripe for review. At that time all reasonable alternatives should be considered."

► **MORE VA HELP** would be provided by passage of two bills which have been reported favorably to the House. H.R. 6559 would award \$60 monthly to veterans of World War II with arrested, service-incurred Tb.

and \$48 to peacetime veterans with the same disability. H.R. 6561 would allow dependent husbands or widowers of *female* veterans to receive VA benefits. (There are approximately 300,000 living female World War II veterans.)

► **A NINE MONTH** college course at the University of Buffalo for students enrolled in the Wyoming County Community Hospital School of Nursing, Warsaw, N.Y., has been announced by Mary H. Griffiths, school director. During the first nine months of the three-year nursing course students will spend four days each week at the University and the rest of the week at the home hospital receiving instruction in nursing arts. Tuition for the three-year period, \$350, may be paid on the installment plan.

► **NEWSLINGS:** Lederle Laboratories Division, American Cyanamid Co. has announced a 20 per cent reduction on all Aureomycin products . . . The "Chicken of Tomorrow," a tender juicy bird, that makes especially good eating, is achieved by the insertion of a hormone pellet under the skin of the neck . . . A child research bill, introduced in both the Senate and House, would provide \$7,500,000 annually for research relating to child life and development, and the dissemination of the information gained from such research to parents, professional persons and others . . . A satisfying and active community life for mature women is the goal of a workshop to

be held at the Vassar Summer Institute in Poughkeepsie, N.Y. this summer. The new program will show these older women how to enlarge their relationships with other adults and children. Instruction will also be given in literature, music, arts and crafts, personal appearance and money management . . . Congress, by passage of a special bill, has granted Elizabeth Kenny the privilege of entering this country without a visa, thus facilitating the Australian nurse's consultative missions in this country . . . H.R. 5876, which amends the Army-Navy Nurses Act of 1947 in order to increase enrolment in Women's Medical Specialist Corps and ANC, has been favorably reported by the Senate Armed Services Committee . . . A bill allowing a time extension of G.I. educational benefits for medical and dental school applicants whose privileges may expire while they are still on the waiting list, has been introduced by Rep. Carl Elliott (D., Ala.) . . . Dr. William Thompson, a blind World War II veteran, who recently completed training as a chiropodist under Public Law 16, will soon open

his own office. The doctor explains that since most foot defects are found by touch, he should be able to locate them as well as any sighted practitioner . . . Winthrop-Stearns, Inc. has launched a nation-wide campaign to promote the use of Neocurtasal, a sodium-free salt substitute, at drug store soda fountains throughout the country.

► A \$2,300 CHECK presented to the Cornell University—New York Hospital School of Nursing by the School's Committee for Scholarships will provide several scholarships for student nurses. Since its inception in 1947, this committee, composed of a group of lay women, has raised a total of \$4,400, chiefly by means of bridge-teas held in the nurses' home.

► TWO SCHOLARSHIPS, established in memory of the American nurse, Clara Louise Maass and the Cuban doctor, Carlos Finlay, will enable two Cuban girls to receive transportation, housing and full tuition for the three-year nursing course conducted by Lutheran Memorial Hospital in Newark, N.J. The nurse

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THE SELF-ADHERING GAUZE

Of course you know Gautzex,
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Stay sweet and fresh the year around! Never overlook a single personal detail, such as routine use of soothing, deodorant, pleasantly scented **Bo-Car-Al**.® This well known, widely used Sharp & Dohme product for feminine hygiene exhibits mild antiseptic properties in solution and a pH of 3.5 to 4.0 which helps preserve normal acidity and freedom from infection. Write today for a free sample of **Bo-Car-Al** powder.



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Without charge, please send me a trial packet of
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heroine, Clara Maass, an 1895 graduate of Lutheran Memorial, died in Cuba after volunteering to be bitten by the *Stegomyia* mosquito, suspected by Dr. Finlay of being the carrier of the yellow fever virus.

► **ABOUT PEOPLE:** *Captain Nellie J. DeWitt*, NC, USN, will retire this May after completing 30 years of service as a Navy nurse, the last four years of which were spent as Director of the Navy Nurse Corps. *Commander Winnie Gibson*, NC, USN, who has been with the Navy Nurse Corps since 1930, and who was on duty at the Naval Hospital at Pearl Harbor at the time of the Japanese attack, will succeed Captain DeWitt and receive the rank of Captain . . . Lieutenant Commanders *Thelma K. Metcalfe* and *Thelma E. Morris* of the Navy Nurse Corps have joined the ranks of retired officers after more than 20 years of nursing service . . . *E. Elizabeth Geiger* has recently been appointed director of the University of Illinois-Cook County School of Nursing. Miss Geiger, a graduate of Wesley Memorial Hospital School of Nurs-

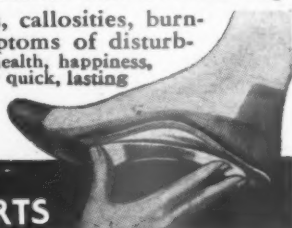
ing, Chicago, holds the bachelor of science and master of arts degrees from Columbia University Teachers College, N.Y.C. . . . Alaskan nurses learn to take everything in their stride. *Dorothy B. Vinson*, missionary nurse at St. Mark's Mission, Nenana, Alaska, recently traveled to a nine-mile distant outpost in an open railway car at 40 degrees below to deliver a five months pregnant woman who was also ill with measles. Long distance orders for the premature delivery were phoned by Dr. William Smith from Fairbanks . . . *Lois Hope Holiman*, former president of the Illinois State and Western Massachusetts Leagues of Nursing Education, has been named director of nurses and principal of the School of Nursing at Long Island College Hospital, Brooklyn . . . *Sophie C. Nelson*, Director of the Visiting Nurse Service of the John Hancock Mutual Life Insurance Co., has been elected assistant secretary of the John Hancock, the first woman to become an officer in the company. Miss Nelson has also been appointed Chairman of the Nursing Council of the United Community Service of Great-

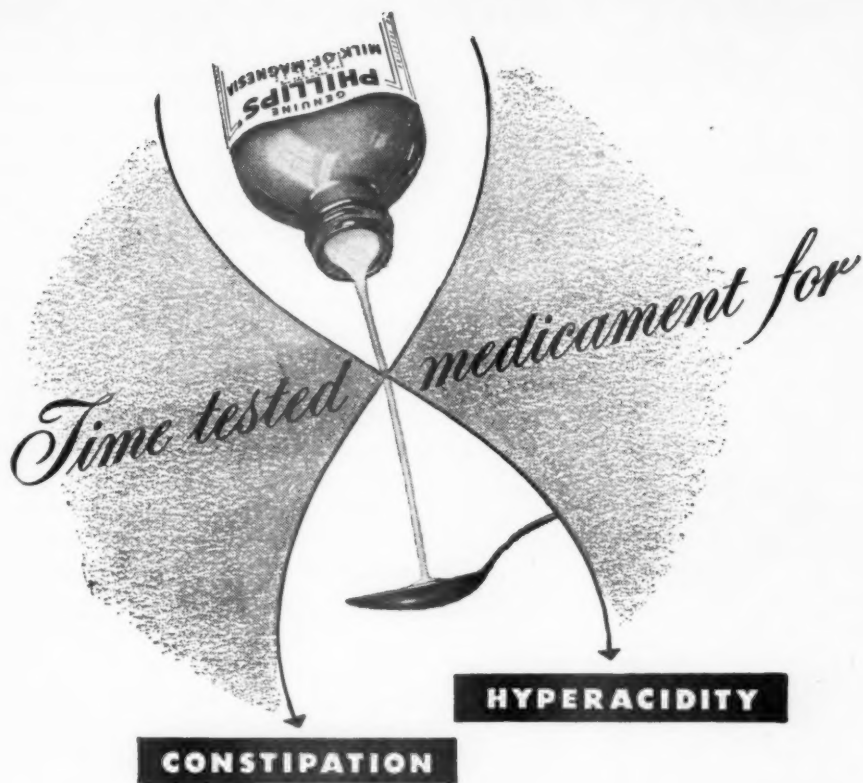
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Are Especially Common Among Nurses. Quick Relief This Proved Way

Tired, aching feet, rheumatoid foot and leg pains, callosities, burning sensations, sore heels—these are typical symptoms of disturbances in the arch structure. Don't let them jeopardize your health, happiness, disposition, career. Be fitted with Dr. Scholl's Arch Supports for quick, lasting relief. Light in weight, thin, extremely resilient. Expertly fitted at Shoe, Department Stores and Dr. Scholl's Foot Comfort Shops. \$3.50 pair, up. For booklet on Foot Care, write Dr. Scholl's, Inc., Chicago. * Trade Mark Reg. U.S. Pat. Off.

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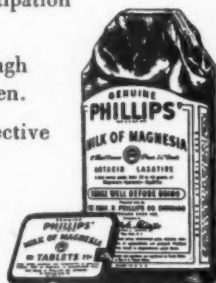


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As a laxative—Phillips' mild, yet thorough action is safe for both adults and children.

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tablets or powder

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er Boston . . . *Mary Jones*, a graduate of Columbia University and the Methodist Hospital School of Nursing, succeeds *Louise Wilson* as president of the Nurses Association of the Counties of Long Island, Inc. . . . Veterans of the VA nursing service, retiring after long periods of duty are: *Katherine M. Hegarty* (Rhode Island School of Nursing, Providence, R.I.); *Flora A. Kennedy* (St. Vincent's Hospital, Indianapolis, Ind.); and *Mary R. Shiffer* (Lancaster General Hospital, Lancaster, Pa.). Miss Hegarty and Miss Shiffer both served as Army nurses during the first World War.

► A MERGER of the two national organizations concerned with epilepsy to form the National Epilepsy League has been announced. The new organization, with headquarters in Chicago, will be aided by the nationwide facilities of the National Society for Crippled Children and Adults whose board has voted to include services for epileptics as part of its program for the crippled and handicapped.

► HIGHLIGHTS from Federal Security Agency report on Public Health Service activities for the year ending June 30, 1949: Chest x-rays of more than 1,500,000 persons were taken by PHS teams during Tb. surveys . . . More than 150,000 school children in 35 states received sodium fluoride treatments to prevent dental decay . . . Completed state surveys and plans with regard to the Hill-Burton Hospital Construction Act

showed that the nation needs about 850,000 additional hospital beds. 791 construction projects were approved for grants under this Act . . . Regional planning for hospital services, including nursing services, is increasing . . . Federal aid is needed to maintain and increase the supply of doctors, nurses, dentists and public health workers.

► **HOME NURSING** as well as medical, dental, hospital and auxiliary services would be provided for persons insured under Senator Lester C. Hunt's voluntary insurance bill, S. 2940 (R.N., March), recently introduced in Congress. Beneficiaries could choose their own doctor, dentist, nurse, hospital or medical group. The National Health Insurance Board administering the program would include the PHS Surgeon General, representatives of hospital and dental associations and the public; however, there is no provision for nurse members on the Board.

► **CARE**, known for its shipping of overseas food packages, now offers a Book Program for European and Asiatic countries. Delivery of the books abroad will be guaranteed at the publisher's list price with no extra charge for transportation or distribution. Checks or money orders should be sent to Care Book Program, Care, 20 Broad St., New York 5, N.Y.

► **REDUCTION** of the University of Minnesota's nursing course from five to four years has been reported by Katharine J. Densford, director. The

HYGEIA NURSING UNITS

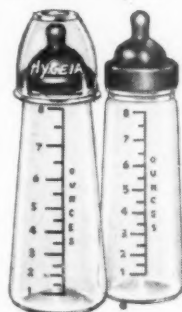
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2. WIDE MOUTH TAPERED BOTTLE for easy cleaning. No funnel required to fill. Wider base to prevent tipping. Permanent red measuring scale . . . easy to read from any angle and saves time.

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new program consists of 16 quarters: six quarters of prenursing training which may be taken at the University or any accredited junior college or college and 10 quarters in the university's school of nursing.

► "TEAMWORK" is the keynote of the joint conference of the American Association of Industrial Nurses, the American Association of Industrial Physicians and allied professional groups, to be held at the Hotel Sherman in Chicago, April 25-29, 1950. Following the first two days of the industrial nurses' conference, April 23-24, devoted to committee meetings, there will be discussions on many important industrial health problems.

► A FIRST-HAND opportunity to observe an industrial health program in action is afforded by the medical service of the Simplex Wire & Cable Co., Cambridge, Mass., which is co-operating with several Boston nursing schools in their efforts to obtain field work and in-plant training for their students. According to Catherine Dempsey, R.N., head nurse at

Simplex, the clinic offers one month's experience to postgraduate students and observation periods for student nurses from nearby hospitals. So far, 41 graduate nurses have come to the Simplex clinic for in-plant training. Students have studied all phases of the health program, attended meetings on safety and health and participated in several labor-management inspections.

► INDIAN SERVICE Staff Nurse positions paying a yearly salary of \$3,100 are open to qualified nurses. Detailed information and application forms may be obtained from most first- and second-class post offices, Civil Service regional offices, or the U.S. Civil Service Commission, Washington 25, D.C.

► SUMMER WORKSHOPS offered by Syracuse University will include "Ward Teaching," June 5-23 and "Integration of the Social and Health Concepts of Nursing," July 31-August 18. For further information write to Jean Barrett, Director, Department of Nursing Education, Syracuse University, Syracuse, N.Y.



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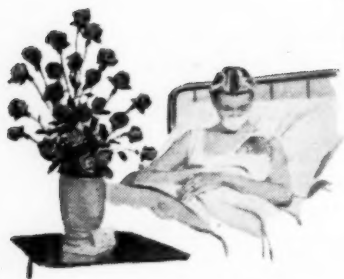
1. Arminio, J. J., and Sweet, C. C.: Indust. Med. 18: 509 (1949).

2. Tebrock, H. E.: Indust. Med. 19: 39 (1950).

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It's Time for Action

[Continued from page 31]

order "to avoid possibly complicating the tax-free status sought for the NLA, and to avoid what would, in effect, be using dues of *all* ANA members, whether or not especially interested in the program, to help support the NLA.")

It must be emphasized that these figures indicate possible *national costs* only. They are not dues, though they might offer a basis for estimating dues which might very well be higher. State and district association costs (and hence dues) would be additional.

1949 Opinion Poll

Support of the two-organization plan for the immediate future was voted by the Boards because of the several difficulties discussed in the Handbook that stand in the way of performing the dual task of organized nursing through a single organization, and because of the preponderance of nurse opinion in favor of two organizations as expressed during the 1949 study.

Of the 6,995 individual opinions tabulated by the Committee on Structure, 74 per cent favored the two-organization plan; 24 per cent favored the one-organization plan; 2 per cent favored neither.

Proportions in the group opinions (arrived at in a variety of ways) were roughly similar to the individual opinions, with a greater percentage of indecision and preference for no action. By December 27th, 21 groups from 20 states had reported

official or unofficial opinion as follows:

- 2 favored the one-organization plan (New Hampshire INA and New York SNA)
- 14 favored the two-organization plan (California SNA, LNE and OPHN working as one group, New York LNE*, and SNA's in Delaware, Florida, Illinois, Minnesota, Montana, Nebraska, North Carolina, Rhode Island, South Carolina, South Dakota, Texas and Virginia)
- 2 favored neither plan, but wanted ANA retained as it is (SNA's in Georgia and Iowa)
- 3 arrived at no decision (Colorado, Kentucky, and Pennsylvania).

Achievements to Date

The final report of the Committee on Structure to the Boards included the following summary of achievements to date:

"There are gratifying evidences of increasing cooperation among nursing organizations and among nurses generally that might not have come about without the 'togetherness' engendered by the meetings to discuss structure.

"Through the structure study, too, a liberal education in what their organizations are doing for them and in the general theory of organization has come to many nurses, a by-product of immeasurable future importance. Another valuable by-product may well be the conversion of many nurses to the idea that change in organized procedures to serve a rapidly

changing profession is not to be feared and resisted but rather is normal, desirable, and inevitable. The question is only how best to guide and shape change.

"On the debit side of the result ledger is the fact that the major purpose of the study has not yet been achieved. That purpose is to find the organization formula under which nurses now may work most effectively together and secure maximum cooperation from the public for the well-being of nurses and the betterment of the service they render. The Committee believes that the majority of the profession join it in a conviction that the time has come when concrete, constructive results should be realized from so extensive and expensive an effort."

Charting A Course

[Continued from page 36]

If given adequate time for study, time for growth, and time for planning together, there is no reason why practical nursing should not develop into a strong, effective and skilled service to the sick. Haste and confusion are its enemies, and unwarranted expansion and easy money could be. If we are genuinely ready to accept the licensed practical nurse as a partner in the care of the sick to the extent that we merge our joint organizational interests and work together for our common aims, let's get together and make practical nursing something of which we can all be proud. Let us get a plan before we act.

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ADMINISTRATOR: General hospital, 70 beds, currently under construction. Preferably nurse administrator willing to combine duties with those of superintendent of nurses. Residential town near university center. Middle West. \$5000-\$7000. RN4-1 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ADMINISTRATORS: (a) Superintendent-anesthetist, small approved Nebraska hospital. \$5000-\$6000. (b) Administrator-anesthetist, small hospital open April 1950. Northwest. (c) Small well-equipped Nevada hospital. \$270 maintenance. Substantial increase six months. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

ADMINISTRATORS: (a) 58 bed approved hospital adjacent eastern capitol. (b) 50 bed southern hospital open June 1950. \$5000. (c) 80 bed approved eastern hospital. \$5000-\$6000. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

ADMINISTRATORS: (a) 30 bed hospital midwestern city, open September 1950. (b) Assistant. 50 bed approved southern hospital. \$3000 maintenance. (c) Assistant. 124 bed approved midwestern hospital. \$3600-\$4000. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

ANESTHETIST: General hospital having patient average 120. Staff of four anesthetists. Percentage arrangement with guaranteed minimum. Large city, university center, Southwest. RN4-2 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ANESTHETIST: 600 bed hospital. Department directed by Medical Anesthetist. Full complement 14 nurse anesthetists. 40 hour week with paid overtime. Liberal vacation. Sick leave policy. Adequate salary. Quarters available if desired. Apply Director Anesthesia, The Harper Hospital, Detroit 1, Mich.

ANESTHETIST: Small general hospital operated by American Company in Arabia. Homes, clubs, dormitories are air-conditioned. Excellent recreational facilities. Population of 4000 Americans. Substantial salary including maintenance, transportation. RN4-3 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ANESTHETIST: Registered Nurse Anesthetist for 6 weeks while regular anesthetist is on leave. St. Charles Clinic, St. Charles, Mo.

ANESTHETIST: Relatively new hospital, residential town located on the ocean in resort area of Pacific Northwest. \$4200, main-

tenance. RN4-4 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ANESTHETISTS: (a) Large approved modern hospital desirable western location. \$3800. (b) Medium-size general approved hospital, Hawaiian capitol. \$3600. (c) 110 bed approved modern hospital desirable western location. \$4200. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

ANESTHETISTS: (a) Congenial ten-man clinic, midwestern college town. \$4800-\$7200. (b) 107 bed modern eastern hospital, air-conditioned operating suite. \$350 maintenance. (c) 200 bed hospital southeastern town 40,000. \$3600 maintenance. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

ASSISTANT DIRECTORS OF NURSES: (a) Large approved hospital West Coast university city. 8 hour day, 5 day week, paid vacation. \$3600. (b) Large approved well-equipped hospital eastern location. Pension plan. \$3850 maintenance. (c) New nursing school reorganization program, recruit and administer advanced nursing education scholarships. South. \$3600-\$4400. (d) 100 bed approved New York hospital adjacent exclusive resort. \$3000 maintenance. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

DIRECTOR OF NURSES: Fairly large hospital, school being discontinued. Residential town, East. \$5000-\$6000, maintenance, including apartment. RN4-5 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

DIRECTOR OF NURSES: New hospital to be opened for operation early summer. All-graduate staff, beautiful location, California. RN4-6 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

DIRECTOR OF NURSES: Small general hospital operated by famed group, no school. Winter resort town, altitude 7500, South-
[Turn the page]



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DIRECTORS OF NURSES: (a) 200 bed modern approved hospital excellent western location. \$3600-\$4800 maintenance. (b) 100 bed western hospital approved school for nurses. \$5000. (c) 200 bed approved southern hospital. \$5000 maintenance. (d) Large approved eastern hospital school of nursing. \$5000. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

DIRECTORS OF NURSES: (a) New 80 bed western hospital opened 1950. \$4800. (b) 60 bed recently completed midwestern hospital. \$3600-\$4000. (c) 100 bed southern hospital complete May 1950. \$3000-\$3400 maintenance. (d) Remodeled small approved hospital, desirable southern location, opportunity for energetic ambitious individual. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

DIRECTORS OF NURSES: (a) Combine housekeeping small well-equipped tuberculosis hospital, Midwest. (b) Outstanding tuberculosis sanatorium. East. 5 day week, 8 hour day. \$5400 increase \$6400. (c) Also direct recruitment of undergraduate nurses tuberculosis hospital. South. \$300 maintenance traveling expenses. (d) Small approved tuberculosis hospital. Midwest. \$3600 maintenance. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

EDUCATIONAL DIRECTOR: Children's unit of university center. Pediatric training desirable. Interesting city located outside of

Continental United States RN4-8 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

EDUCATIONAL DIRECTORS: (a) 200 bed approved southern hospital. 3 weeks vacation, sick leave, hospitalization. \$250 maintenance. (b) Charge nursing school, some teaching. Large approved modern southern hospital. \$310 maintenance. (c) Organize, develop educational program, large approved western hospital. \$4600. (d) 280 bed approved hospital, excellent western location, \$250-\$300. Woodward Medical Bureau, 185 N. Wabash, Chicago Ill.

GENERAL DUTY NURSES: Male and female. 5 day, 40 hour week. \$200, full maintenance. \$230, one meal, laundry. Sick leave, paid vacation, civic, state, national holidays. Apply Supt. of Nurses, Municipal Contagious Disease Hospital, Chicago, Ill.

GENERAL DUTY NURSES: For private hospital, excellent opportunity for those wishing to specialize. 8 hour day, 44 hour week, uniforms laundered. Beginning salary \$200 per month with regular increases and additional compensation for afternoon and night shifts. Rooms available in our annex. Address communications to Mrs. Irene Lewis, Personnel Director, The Cleveland Clinic Foundation, 2020 E. 93rd St., Cleveland 6, Ohio.

GENERAL DUTY NURSES: All shifts. Night duty \$150 per month with full maintenance. \$20 allowance for living out. Also, Medical-Surgical Ward Instructor. \$177.50 per month with maintenance. Write Director of Nurses, Tampa Municipal Hospital, Tampa 6, Fla.

GENERAL DUTY AND SURGICAL NURSES: Small general hospital operated by American company in Arabia. Homes, dormitories, clubs are air-conditioned. Excellent recreational facilities. Population of 4000 Americans. Salary including maintenance, transportation. RN4-11 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

GENERAL STAFF NURSES: Positions available on most services. 40 hours, 5 day week. Salary \$220 per month for rotating day, evening and night duty. Additional \$10 per month for permanent evening duty and \$5 per month for permanent night duty. Salary Raises, based upon merit, to a maximum of \$250 per month. All university holidays with pay. 12 work days' paid vacation yearly. Accumulative illness allowance 12 work days yearly. If desired, rooms provided for \$20 per month. Hospital cafeteria meals at reasonable prices. Write Director of Nursing, University Hospital, Ann Arbor, Mich.

GENERAL STAFF NURSES: For 130 bed general hospital, evening and night duty. Straight hours, 5 day, 40 hour week. Salary \$200 for night duty, \$205 for evening duty. Salary raises after 6, 18, 30 months of service. 7 holidays with pay, 2 weeks' paid vacation first year. Accumulative illness allowance of 12 work days yearly. Maintenance provided \$40 per month which includes laundry if desired. Write Superintendent of Nurses, St. Luke's Hospital, St. Paul, Minn.

[Turn the page]

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INSTRUCTOR: Psychiatric nursing. New unit, 200 beds. University affiliations. \$4800-\$5400. RN4-9 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

INSTRUCTORS: (a) Clinical. Medical and surgical divisions large approved modern hospital. \$3000 maintenance. (b) Nursing Arts. Large approved eastern hospital. \$2800-\$3000. (c) Science. Teach, assist clinical supervision, large approved southern hospital. \$3000-\$3600 maintenance. (d) Social Science. Large approved modern hospital desirable southern location. \$2700. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

INSTRUCTORS: For nursing arts and clinical specialties. School has collegiate affiliations 50 students, college town. Pacific Northwest. RN4-10 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

MEDICAL SOCIAL WORKERS: (a) Large approved well-equipped tuberculosis hospital. \$3000 maintenance. Midwest. (b) Consultant resources available state program care chronically ill. Midwestern multi-university city. \$3400-\$4000. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

NURSE ANESTHETIST: For 125 bed hospital, well equipped and fully approved. Predominately surgery. Salary \$315 per month plus laundry. Apply Administrator, Mid State Baptist Hospital, Nashville, Tenn.

NURSES: For 390 bed tuberculosis hospital affiliated with Western Reserve University. 44 hour week. Salary \$240 to \$270. Maintenance available at minimum rate. Meets approved minimum employment standards of State Nurses' Association. Usual holidays, vacation and sick allowance. Advancement for desirable applicants. Apply to Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio.

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OFFICE NURSE: By small group of physicians well established in Chicago Area. Duties strictly office nursing. \$250-\$300. RN4-12 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

OPERATING ROOM NURSES: For 209 bed general hospital affiliated with a Medical School. 44 hour week, good salary. Apply Director of Nurses, Woman's Medical College Hospital, Philadelphia, Pa.

OPERATING ROOM SUPERVISOR: Experience or post-graduate course required. Vacancy in 150 bed hospital, located in Michigan resort area. Room available. Salary dependent on qualifications. Address inquiries to Director-Nursing Service, James Decker Munson Hospital, Traverse City, Mich.

PUBLIC HEALTH NURSES: Several staff nurses. Will consider nurses without training as trainees at \$190 monthly. After first year, university training provided. Middle West. RN4-13 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

PUBLIC HEALTH NURSES: Vacancies in Health Department, New York City. Generalized services including Maternal and [Turn the page]



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PSYCHIATRIC SOCIAL CASE WORKERS: (a) Screen referrals, take social histories, treatment. Child guidance clinic large approved hospital, midwestern university city. \$3600. (b) Large approved state hospital prosperous midwestern community. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

REGISTERED NURSES: For positions in new 145 bed modern general hospital. Salary open. Straight 8 hour duty, 44 hour week. Three weeks' paid vacation annually. Six paid holidays. Apply Director of Nurses, Presbyterian Hospital, Waterloo, Iowa.

REGISTERED NURSES: All services or shifts in 150 bed general hospital. Straight 8 hour, 44 hour week. Vacation and sick leave with pay. Beginning \$8.00 per day, \$8.60 per evening or night. Inexpensive rooms in vicinity. Apply Director of Nurses, Glenville Hospital, 701 Parkwood Drive, Cleveland 8, Ohio

REGISTERED NURSES: For 105 bed hospital. 40 hour week, paid vacation and sick leave annually. Salary \$200 to \$210 plus meal. Apply Director of Nurses, Chicago Osteopathic Hospital, Chicago 15, Ill.

REGISTERED NURSES: Interested in completing college degrees. Live in dormitories. Room, board, fees. Apply Mrs. Opal Thorpe, R.N., Supervisor of Health Service, C.M.C.E., Mt. Pleasant, Mich.

SOCIAL SERVICE DIRECTORS: (a) Consultant, develop public health, medical care and treatments programs. Midwestern city health department. \$4800. (b) Large psychiatric midwestern hospital. \$325 up maintenance. (c) Large approved eastern hospital. Challenging opportunity for energetic person. \$3600 maintenance. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

STAFF NURSES: For 209 bed general hospital affiliated with a Medical School. 8 hour day, 44 hour week, rotating shifts. Salary with or without full maintenance, allowance in case the latter is desired. Apply Director of Nurses, Woman's Medical College Hospital, Philadelphia, Pa.

STAFF NURSES: 8 hour, 6 day week. Rotate shift, \$225. \$6 increase every 6 months for 2 years. \$10 extra for 3-11, 11-7. 2 weeks' vacation, 2 weeks' sick leave after 1 year. Hand Memorial Hospital, Shenandoah, Iowa.

STUDENT HEALTH NURSE: Liberal arts college. Administrative ability desirable. Short distance from Chicago. RN4-14 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

SUPERINTENDENT OF NURSES AND SERVICES: For 60 bed, privately owned general hospital, comparatively new, newly equipped thoroughly modern. Salary to begin with \$250 with full maintenance. Private 2 room apartment. Located in South Georgia. Population 6000 progressive and growing. Some one especially qualified in supervision including operating room. Apply Ritch-Leaphart Hospital Jesup, Ga.

SUPERVISOR: Night, small general hospital operated by group of outstanding specialists. Town of 15,000 located in mountainous area of Southwest. \$285. RN4-15 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

SUPERVISOR: For a ward floor of 56 patients. Liberal personnel policies. Salary open. Apply Director of Nursing, Montgomery Hospital, Norristown, Pa.

SUPERVISOR: Obstetrics. To take complete charge in large teaching hospital. Staff of American Board specialists. University city, Middle West. Opportunity for continuing studies. RN4-16 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

SUPERVISOR: Pediatrics. One of the leading hospitals in Florida. Winter resort city located on the Coast. Minimum \$200, com-

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SUPERVISOR: Operating room. Fairly large general hospital, modern, well-equipped, air-conditioned department. Ample number of assistants. Town of 40,000 located on the Atlantic seaboard. RN4-18 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

SUPERVISORS: (a) Medical-surgical. 150 bed approved hospital pleasant Atlantic Coast location. \$2700. (b) Obstetrical. Will have own staff, small new hospital, beautiful southwestern location. \$275. (c) Pediatric. 110 bed approved midwestern hospital. 40 hour week, 3 weeks paid vacation. \$250. (d) Operating Room. Large approved well-equipped southern tuberculosis sanatorium. \$3835-\$4575. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

SUPERVISORS AND GENERAL STAFF NURSES: 75 bed general hospital located in small college town. Liberal vacation and sick leave. Extra pay for evening and night shifts. Room and board furnished. For further information apply Director of Nurses, Grace Hospital, Banner Elk, N.C.

SURGICAL NURSE: 44 hour week, with or without complete maintenance. 2 weeks' vacation with pay, good salary and excellent working conditions. Highland Hospital, Inc., Belvidere, Ill.

SURGICAL NURSE: Small general hospital operated by large industrial company. Modern, splendidly equipped. Small town. Southwest. \$320, maintenance. RN4-19 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

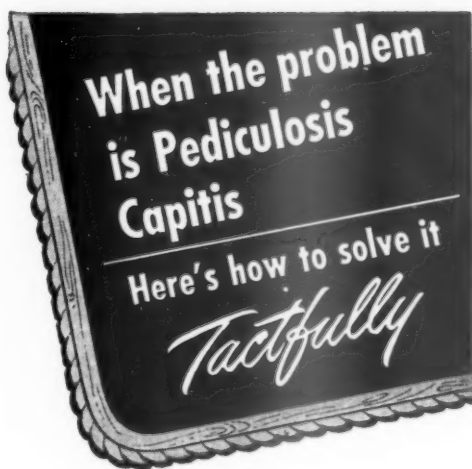
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April R.N. 1950

WHERE TO FIND OUR ADVERTISERS

Abbott Laboratories	22
Alkaloid Co., The	56
Amm-i-dent Incorporated	59
Anahist Co., Inc.	71
Avon Shoe Co.	61
Ayerst, McKenna & Harrison, Ltd.	IBC
Baby Bathinette Corporation	60
Becton, Dickinson & Co.	13
Beech-Nut Packing Co.	17
Belmont Laboratories	11
Bristol-Myers Co.	20, BC
Bromo-Seltzer	4
Budget Uniform Center	14
Carnation Company	75
Cuticura	82
Cutter Laboratories	76
Desitin Chemical Co.	5
Emerson Drug Company	4
Enna-Jettick	57
Energine	54
Florists' Telegraph Delivery International	72
General Bandages, Inc.	64
Gerber Products Co.	9
Griffin Manufacturing Co.	62
Grove Laboratories, Inc.	78
Harrison Products, Inc.	70
Hygeia Nursing Bottle Company	69
Johnson & Johnson	19
Kenny Foundation, Sister Elizabeth	58
Lambert Brothers	55
Leeming & Co., Inc., Thos.	IFC, 25
McKesson & Robbins, Inc.	13, 79, 84
Medical Bureau, The	60
Meds—The Modess Tampon	15
Menda Co.	80
Merck & Co., Inc.	21
Morris & Co., Ltd., Inc., Philip	24
Mosher Moccasin Co.	10
New York Pharmaceutical Co.	10
Newman & Sons, Inc.	16
Pepsodent Company	81
Personal Finance Company	74
Phillips' Milk of Magnesia	67
Preen Uniform Co., Inc.	8
Rayve Home Permanent	81
Roberts Co., William	52
Schoil Mfg. Co., Inc.	66
Sharp & Dohme, Inc.	65
Spirella Co., Inc., The	53
Wander Company, The	2
White Rock Uniform Co.	16
Whitehall Pharmacal Co.	6, 68
Winthrop-Stearns, Inc.	3
Woodward Medical Personnel Bureau	54
Zymenol (Otis E. Glidden Co.)	12



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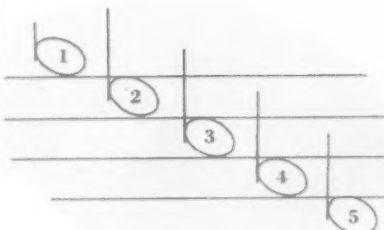
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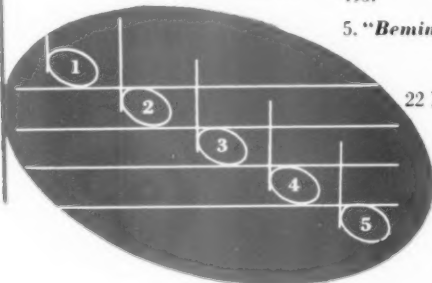
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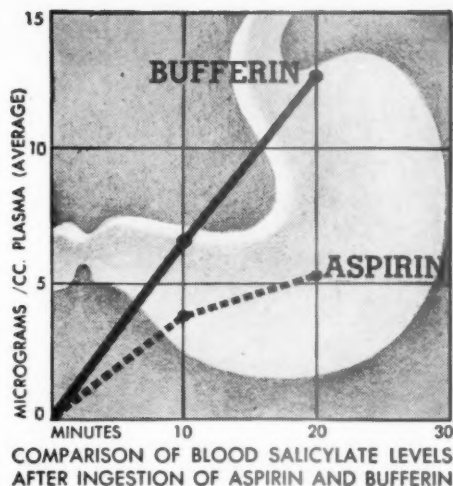
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